GOVERNMENT SOCIAL SURVEY

Social Welfare for the Elderly

A study in thirteen Local Authority Areas in England, Wales and Scotland

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VOL. II
AREA REPORTS

An enquiry carried out on behalf of the National Corporation for the Care of Old People and the Scottish Home and Health Department

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1 INTRODUCTION

1 0 REASON FOR THE INQUIRY

The reason for doing the study at all goes back to the Ministry of Health 10 year plan for the development of community care, when all Authorities were asked to give details of their plans for the long term development of their *Health and Welfare Services*, including those for meeting the needs of the elderly In most cases plans included an increase in the proportion of places in Residential Homes, in sheltered housing, and in those domiciliary services of most importance to the elderly, such as home helps and Health Visitors The latest revised figures[1] show an expectation of an increase of 10% in the total population from 1965 to 1976 The numbers of old people in the population it is estimated, will increase by 20% Over the same period the ratio of resi dential places per 1 000 persons for the elderly shows a planned increase of nearly 40% Similarly, the planned number of units of sheltered houses shows an increase of more than double, of home helps 35%, and Health Visitors 40% About half the Capital Building Programme from 1966 1976 is scheduled for Homes for the Elderly

These, however, are average figures for England and Wales We would expect to find some variation in the figures for individual areas Indeed the plan shows that the forecast rates per 1 000 of residential places in County Councils ranged between 11 1 and 35 3, for County Boroughs the range was 13 4-39 9 and for London Boroughs 13 1-47 5 Similarly, for home helps the plans range from 0 24 2 06 per 1 000 the maximum provision planned being nearly 10 times as great as the minimum

There *are* differences between the areas planning the highest and lowest provision One is a County Council which has a very high economic status and a low proportion of old people, the other is a County Borough with a low economic status and a high proportion of old people

However we could compare two nearby County Boroughs in the same county, each having roughly the same proportion of elderly in the population, and the same economic status where the places per 1 000 in Residential Homes are 24 3 and 31 0 respectively, or we could compare two contiguous London Boroughs, of equal economic status and with similar proportions of elderly people, and find that there is a difference of 40% in the proposed rates of home helps

It was similar differences in the original 10 year plan which made the *Governors of the National Corporation for the Care of Old People doubt* whether the plans were based on the *needs* of the elderly or on what the Local Authorities thought they could afford The Ministry of Health had also had some indication that the size of the service was sometimes determined without full knowledge of the extent of local need, and Authorities were asked to consider undertaking local studies to enable them to review realistically their service and plans[2]

Realising that many Local Authorities would be unlikely to have personnel available with the requisite technical knowledge to carry out a comprehensive study on their own, or indeed have the time to experiment the Governors of the National Corporation for the Care of Old People offered to sponsor a

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(1) Health and Welfare—the Development of Community Care—revision to 1975 76
(2) Ministry of Health Circular 25/65

survey with the object of trying to measure the need for given services and to develop a basic method which might be of use to those wanting to survey their own areas. Because the Ministry of Health were also extremely interested, the Government Social Survey were asked to consider the feasibility of such a study. After the pilot stage of the survey, the Scottish Home and Health Department expressed interest and the study was extended to cover Scotland.

1.1 WHAT IS 'NEED'?

The first problem one meets is how to define 'need'. The legislation is rather loosely worded; 'those needing care and attention not otherwise available to them' or 'provide domestic help for households where such help is required . . . ', leaving it to the providing Authorities to determine in what circumstances assistance may be given. This is not necessarily a bad thing, as it allows generous Authorities to act generously. On the other hand, it allows frugal Authorities to provide less liberally.

If, for example, we consider the provision of home helps. All Authorities provide this service. But the circumstances in which this help is given, and the duties performed, vary between the Authority which says that elderly people should be given, as far as possible, as much help as they need to keep their homes the way they would have kept them themselves had they been able, and the Authority which rules that home helps should spend the minimum amount of time necessary to ensure that the rooms used exclusively by old people are kept in a sanitary condition. The first of these Authorities would argue that seeing their homes sparkling and polished, with their knick-knacks dusted, has a big psychological effect—that their duty is not merely to try to keep old people going in their own homes for as long as possible, but to keep them happy in their homes. The second of these Authorities argues that as the service is subsidised by public money, it should be kept to the bare essentials to prevent deterioration.

Again, some Authorities rule that a home help can be provided for elderly people who are living with a working daughter; others say that even if the daughter is working full-time, no home help may be provided. Some Authorities will 'compensate' a daughter who has to curtail her working hours because she needs to look after an aged parent by employing her as a home help for that number of hours. The duties might vary. One Authority will say the home help can keep all rooms clean, including the working daughter's if necessary, as this will help to keep the daughter from feeling the care of the parent is too much for her, and asking for a residential place. Others will say that only rooms used by the old person should be cleaned, including communally used rooms, while others still insist on only cleaning rooms used exclusively by the old person.

The same differences of interpretation of 'need' occur in other fields such as Residential Homes, housing and meals-on-wheels. It must be emphasised that these differences are not necessarily due to practical difficulties in meeting a need, but in policy as to the circumstances which justify help being given.

It would have been impossible so to define the circumstances in which assistance is necessary so that the criteria would be acceptable to all National and Local Authorities. It was therefore decided that what had to be done was to establish the criteria used by individual Authorities, and base need on these criteria.

1 2 ESTABLISHING CRITERIA OF NEED—SUGGESTED METHOD

Let us assume that where a service is being provided by an Authority (and for this purpose we are regarding rehousing and allocation of places in Residential Homes as a service) that that Authority is satisfied on its own criteria that there is a need for the service.

We would like to know the basis on which the need was assessed We could do this by

(i) Asking the responsible official for a statement of the basis

(ii) Examining the records of those getting the service or who are on 'live' waiting lists to extract from them enough details to enable us to compile a basis

(iii) Ask the elderly people for details of the circumstances which led to their being given the service

There are difficulties in accepting any one of the above as a satisfactory method of finding the basis Take housing for example

(i) While the Authorities may require certain basic conditions to apply before a person is considered for special old people s accommodation it is likely that the fact that each case is considered on its merits' may well cover a number of different considerations

(ii) The records may not be adequate for our purposes

(iii) The elderly person's statement may not be accurate particularly if the rehousing took place some years ago

It was decided therefore that we use all three ways to get as full a picture as possible of the existing situation

(a) (i) Ask Authorities on what basis they allocate the service at the present time.

(ii) Ask how many housing units of various types they administer

(b) Draw a sample of elderly people so serviced—this sample could if numbers permitted be confined to those rehoused in the last 12 months or 2 years etc.

(i) Ask for permission to check records and where these differ from (a) ask why this particular case was given this particular service [We may find an elderly person was rehoused in a warden scheme because it was essential she be rehoused and this was the only accommoda tion available although a 'warden' flatlet was not really essential]

(ii) Interview the elderly person For current services such as home helps we would obtain details of conditions which necessitate the provision of the service while for those rehoused or in Residential Homes we would be interested in the reason for their being moved and the conditions in which they were living immediately prior to the move

If this were to be repeated in different areas we would expect their different standards to meet different levels of need The method proposed would enable levels of need to be estimated according to the different standards applied by different Authorities Local Authorities in areas not covered by this inquiry could decide which standard to apply so as to assess their own need although it would be necessary for them to take into account the circumstances of their own area

1.3 LIMITATION OF SCOPE OF THE INQUIRY

If we were to attempt to apply this technique to cover the vast range of old people's services—from home helps to cheap laundry facilities and loans of medical equipment—we would need to get the co-operation of dozens of people in any one area. This would not only be very difficult, but might well be unrewarding. In the 'Meals-on-Wheels' survey[1], it was apparent that the suppliers' stated basis for help was not necessarily an indication of where they actually delivered meals.

Another point we had to bear in mind was that while some of the domiciliary services might well be a boon and comfort to old people living at home, the failure to provide one or the other on its own would hardly affect their ability to continue to live in their own homes. Some are a great deal more valuable from this point of view than others. For example, one of the things we inquired into in Lewisham[2] was the changing of library books. It is hardly likely that this would be a determining factor in deciding whether or not a place in a Residential Home was needed. An inquiry into all domiciliary services being supplied in one area might well prove impracticable.

Since the purpose of this survey was to determine need in order to guide Authorities in planning to meet need, it was suggested that for this part of the inquiry the scope be limited to cover those services directly administered by the Local Authority, that is the Home Help Service, Home Nursing Services, Health Visitors, and any others, administered by the Medical Officer of Health and/or Welfare Officer. We could not in this inquiry overcome the difficulties associated with measuring the need for Mental Health Services. There has been a lot of work in this field, and it may be that a separate survey could be planned.

This would limit the number of responsible persons whom we have to ask about the bases on which services are allocated. They could, however, be asked their attitudes towards the permissive services that are not being administered by them. If, in fact, permissive services are being operated by voluntary organisations without help (financial or otherwise) from the L.A., these will be ignored. If with help, the appropriate L.A. official could be asked on what bases they think help should be given now, or if ample resources were available. But this is as far as one could practically be expected to go.

When planning the inquiry, some attempt was to be made to assess the adequacy of the hospital service, and whether there were patients in hospital who could be discharged either to a Residential Home, or to their own homes if adequate housing and any necessary domiciliary services were made available.

II PILOT INQUIRY

A full-scale pilot survey was carried out in Gosport M.B. This area was chosen for a number of reasons. Firstly, it was near enough to London to enable the Research Officer and assistant to travel to the area on the numerous occasions it would be necessary. Secondly, being a non-County Borough, it

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(1) 'Meals-on-Wheels Services' by Amelia I. Harris, published by The National Corporation for the Care of Old People.

(2) 'Health and Welfare of Older People in Lewisham' GSS report No. 327 by Amelia I. Harris.

entailed the opportunity of testing County reaction and services. Then this Borough had approximately average proportion of people of retirement age in the population, was of reasonable size, and of not too high an economic status, which precluded the selection of a large number of areas in the Home Counties. Lastly, the Medical Officer of Gosport, Dr Nelson, had himself carried out research in the field of old people, and could be relied upon for constructive comment on method and procedure

In all, 15 County and Gosport officials were interviewed, and complete co operation was achieved

Interviews were also conducted with samples of those

	Response rate % interviewed
(1) Rehoused in last 5 years	90
(2) On housing waiting list	95
(3) Having home helps	95
(4) In residential old persons' accommodation	92
(5) On waiting list for residential accommodation	95
(6) In the general population, aged 60 and over	90

as well as 27 of the 30 G P s covering the area

Hospital Accommodation

No attempt was made in the pilot to cover the demand for hospital accommodation, except to ask doctors what difficulties they had had, and how many of their patients needed this accommodation, but could not be admitted at the present time

The testing of the method in this area showed that while the housing and home help estimates could be made, the data collected was inadequate on the need for residential places, but it was thought that the schedule could be redesigned to enable a reasonable estimate to be made.

As a result of this pilot the National Corporation for the Care of Old People agreed to sponsor a full scale inquiry

III THE SAMPLE

The idea of a national sample had to be abandoned, as it would have resulted in having to interview thousands of officials Secondly, it would have meant that the sample of old people on which to base estimates would have had to be extremely large and prohibitively costly It was finally agreed to limit the work to 8 Local Authority areas in England and Wales [While the work was in progress the Scottish Home and Health Department asked that Scotland be included, and a further 3 areas in Scotland were added]

Since the idea was to examine different types of area, the method used for selecting the areas was as follows

The country was divided into authority areas of two types, namely County Councils and County Boroughs and within each of these strata they were ranked in descending order according to a scale which takes into account the following factors

(1) Proportion of elderly (65 and over) persons in the population
(2) Proportion of elderly for whom L.A is responsible (in Local Authority and Voluntary Homes)

(3) Ratio of home helps (full-time equivalents) to elderly people (65 and over).
(4) Ratio of Health Visitors and Home Nurses to elderly people (65 and over).
(5) Ratio of chronic sick in their own homes to whom L.A. provides help, to elderly people (65 and over).
(6) Ratio of new dwellings completed by L.A. since 1945 to total population.
(7) Proportion of total population in dwellings with exclusive use of w.c., bath, kitchen, piped water.
(8) An Industrialisation Index (i.e. the percentage of the total rateable value which was industrial and freight transport).

With the areas classified in this manner the total populations of the two main strata were obtained and the distribution of the 8 sample areas divided between the two in proportion to these total populations, resulting in two County Boroughs and six Counties having to be selected. These were selected systematically at a constant interval from a random start within each stratum.

From each of the selected Counties, one smaller unit, a Local Authority area, was to be taken. The Counties were therefore divided into Municipal Boroughs and Urban Districts and the six final units to be selected divided between the two with a probability proportionate to population size, giving a required sample of 4 M.B.s and 2 U.D.s. These were selected with due probability from the six Counties.

The resulting sample of eight areas consisted of 2 County Boroughs, 4 Municipal Boroughs and 2 Urban Districts, one of which was very small and we therefore took the opportunity to add to it a small contiguous Rural District.

The areas were:

Sheffield	C.B.
Plymouth	C.B.
Worthing	M.B.
Kidderminster	M.B.
Maidenhead	M.B.
Salisbury	M.B.
Holyhead	U.D.
Oakham	U.D. and R.D.

The selection of the Scottish areas was on the basis of 1 County of City, 1 Large Borough and 1 Small Borough. It was agreed that Glasgow be omitted from consideration, as it was too big to be covered adequately for the general sample.

Secondly, it was thought advisable to interview in different parts of Scotland, that is one Authority in each of the following areas, S.E. Scotland, S.W. Scotland and N.E. Scotland.

The three Authorities were picked at random from each of the 3 areas, and the resulting sample was

Dundee	—County of City
Coatbridge	—Large Borough
Buckie	—Small Borough

Co-operation was sought from all 11 areas, and achieved from all except Plymouth. Here, although the Housing Manager and Housing Committee were eager to co-operate, as were the Council of Social Service, who were

responsible for the Home Help Service, the Health and Welfare Committee refused to co operate in our inquiry into the Residential Homes side of the study

We had, then, to substitute another County Borough, the one on the scale nearest to Plymouth being Preston C B, who co operated willingly

A separate study was then carried out in each of the eleven areas estimates being made of the need for the three main services, home helps, housing and residential accommodation, based on the criteria obtaining in each area

These reports, together with that of the pilot area Gosport, are published in this volume The main findings, comparing and contrasting the different areas, are given in Part I of the report

The questionnaires used for interviewing the elderly people, G P s and Local Authority officials are shown in the Appendix

PILOT AREA

GOSPORT M.B.
HAMPSHIRE

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1 HOME HELP SERVICE

1 0 PRESENT PROVISION

Gosport has delegated powers from Hampshire C C. for operating the home help service, which is under the authority of the M O H

The Home Help Organiser has an assistant and a clerical worker There are about 100 home helps (all women), dealing with some 340 cases Of these, in February 1965, 280 involved people 65 years of age and over

The Organiser gave the following details of the working of the home help service. Recommendations for the services of a home help are accepted from doctors, District Nurses, Health Visitors and medical social workers In all cases except that of the medical social worker, a doctor's certificate is required, as far as the medical social worker is concerned, no certificate is required unless the case goes on for a long time, when a doctor's certificate is called for if the service is to be renewed

Every case is investigated personally by the Home Help Organiser or her assistant, and there has never been a case where there has been disagreement between the G P and the Home Help Organiser with regard to the need for a home help What the Home Help Organiser has to do however, is to estimate the amount of home help service needed in each individual case The directive from the County Home Help Supervisor is that home helps should be given for visits of as short a time as possible, and withdrawn as soon as possible

Once the G P has recommended the services of a home help there are no restrictions as to whom can be given the service While income is taken into account when assessing the charge having a high income or large capital assets do not bar the old person from receiving this service

1 1 HOME HELPS FOR PERSONS LIVING WITH OTHERS

Living with younger people does not necessarily mean a home help is refused If the old person is living with a daughter or son who is working a home help is allocated to help with all housework. If with a daughter or daughter in law who is not working, but refuses to help the old person, then the home help does only those rooms, or services used by the old person themselves

1 2 DUTIES OF THE HOME HELP

The home help is instructed to do anything required to help the old person Apart from normal housework, such as dusting sweeping polishing cleaning *making beds, washing up, they can also do laundry and ironing make fires and* carry coals, and clean windows unless they are high up They may cook meals, as well as making cups of tea etc., do the shopping and collect pensions [*Some* Authorities forbid home helps to collect pensions as it might lead to disagreements with possibly forgetful old people—but the Organiser says this does not happen in Gosport.]

Home helps can also help with washing, bathing dressing and personal toilet, and help the old person to go to the w c. or empty chambers

They can do needlework (repairing clothes, making curtains, etc.)

Asked about washing down walls or paint work, the Organiser said they would not normally do this unless they get sent to a house which is very neglected in which case *two* home helps are sent to get the place clean to start *with and then the state of cleanliness is maintained as well as possible in the* time allocated

Any other personal services, such as writing letters, gardening, reading newspapers, or mending fuses, etc., can be done if there is time. Sometimes the home help's husband does 'handyman' jobs if required.

They are instructed *not* to clean high windows, do heavy spring cleaning, or give injections, etc.

1.3 PROCEDURE FOR ALLOCATING HOME HELPS

As soon as a doctor notifies that help is required, the Home Help Organiser and her assistant visit the home. They will accept notification by telephone, and not wait until the certificate is received.

They decide how many hours a week are needed and, if the home is in a very bad state, two home helps will be put in it for initial cleaning, then one will continue.

The Organiser makes some attempt to 'match' the home help with the person needing help, then takes the home help along to introduce her personally, and tell the elderly person what the home help's duties are, when she will be arriving, and how long she can stay.

At the first meeting, the charge of 4s. 6d.[1] an hour is mentioned, together with the point that this can be reduced if the person can't afford it; if the reduction is required a full assessment of means is made.

In assessing means, pension books, bank statements, etc., are examined; where there is a wage-earner, confirmation of wages is required, and in some cases the old person's solicitor is contacted.

Where the person is already in receipt of National Assistance, the Organiser contacts the N.A.B. official, who almost automatically increases the allowance by 5s. a week.

Old people with private means are reassessed for payment once a year.

1.4 CHARGE FOR HOME HELP SERVICE

The scale of charges for home helps is laid down by the County Authorities.

The County Home Help Supervisor expressed the view that people value a service they have to pay for more than one which is supplied free. All cases must pay a minimum charge of 5s. a week—the maximum charge is 4s. 6d. an hour. This raised the question as to what happens when an old person only has a home help for one hour a week, and we were told the minimum of 5s. is charged. At her first visit, the Organiser will tell the old person how many hours a week have been allocated, and the fact that the charge will be 4s. 6d. an hour, but if they cannot afford the full amount, reductions can be made to 5s. a week minimum. If any reduction is sought, the full financial position of the applicant is gone into. Both income and capital resources are taken into account. Against these there are specific allowances—rent, rates, mortgage repayments, insurance and any outstanding h.p. commitments are allowed in full, plus a personal allowance of £5 4s. 6d. for a married couple, or £3 3s. 6d. for a single householder. The rest is deemed to be assessable income, and for every 10s. or part of 10s. above the first 10s. (which is disregarded), a charge of 3d. an hour is made, subject always to a minimum charge of 5s. per week.[2]

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(1) In November 1967, this had been increased to 5s. 6d. an hour.

(2) The allowances in November 1967 were £4 6s. for a single person and £7 1s. for a married couple. The charges were 6d. an hour for every £1 (or part) after the first £1.

A married couple with an income of £10 a week, whose rent, rates and insurance, etc., total £2 10s, would thus be assessed at 1s an hour, thus if they have a home help for 6 hours a week they would pay 6s, but if for 2 hours they would pay 5s., i e, 1s 6d an hour more than the assessable charge

To pay the full rate of 4s 6d an hour, a married couple would need to have a net income of at least £14 5s per week, and a single person £12 4s per week, after paying rent, rates, insurance and any h p commitments

There are two points about the application of the scale of charges which it might be worth considering

The first is that the assessment of the charge per hour is made irrespective of the number of hours for which the home help is needed Two people with exactly the same disposable income may be assessed at 4s 6d an hour, one needing a home help for only 2 hours (9s per week) and the other 10 hours (45s. per week) These charges would have a disproportionate effect It might be worth considering some form of assessment which took into account the number of hours needed, e g. a single person with an assessable income of £12 might be judged as capable of paying a maximum of, say, £1 a week for a home help If she only needed 2 hours a charge of 9s or if 8 hours a charge of £1 (2s 6d an hour), would be made

The second is that an applicant for home help who has quite a small income and/or means, might well be paying more than is expected simply because they are not prepared to have their financial position thoroughly investigated

Asked if some applicants did not get as much help as she thought they needed, or discontinued help because of the charges the Organiser said that some elderly people got the wrong idea that 4s 6d an hour was the basic charge, and thought they couldn't afford it In some cases they only accepted the number of hours they thought they could afford

1 5 REVIEW OF NEED

The Home Help Organiser or her assistant collect the money for the home helps' services every 2, 3 or 4 weeks It is thus possible for her to review the need at frequent intervals

The service is never discontinued without reference to the doctor In some instances the doctor specifies 'for 2 weeks', and a new certificate is required if the service is to be continued If a period is specified by the doctor, and at the end of the period it seems to the Organiser help might still be beneficial, she refers the case to the doctor

Asked if home helps are sometimes withdrawn from elderly people when more urgent (e g maternity) cases arise, an assurance was given that no home helps were withdrawn, although the hours they work for an old person may in these circumstances be reduced temporarily

1 6 CONTINUITY OF HOME HELP SERVICE

Wherever possible, attempts are made to ensure that home helps [illegible] with the people to whom they are attached, and every effort is made to send the same home help to individuals In some few cases where the home help is not available, old people refuse to have a new temporary home help preferring to do without and wait until their [illegible] home help returns

If the elderly patient objects to a particular home help a change [illegible]

1.7 RECRUITMENT OF HOME HELPS

Until recently there has been little difficulty in recruiting home helps. The present home helps recruit new members from among their friends.

It is, however, becoming increasingly difficult. The older women are retiring from the service, and younger women don't seem to have the stamina of the older ones, and don't stay as long. There are many more attractive jobs in Gosport for working women—one factory, for example, closes at mid-day on Fridays and weekends are free.

1.8 CONDITIONS OF WORK FOR HOME HELPS

Home helps are expected to be on duty for 6 days a week. They are paid hourly from the time they start their first job until finishing their last, i.e., they are not paid while travelling to the first and from the last job. There is a feeling among them that they are expected to go to too many different cases during the day, involving travelling, sometimes in bad weather, between cases. There is also no guaranteed minimum payment per week; if one of the old people is suddenly taken to hospital, the home help will lose pay until she is reallocated.

If a home help is dependent on full-time work, it may cause difficulties as most of the old people want help in the mornings, not the afternoons.

In Gosport every home help is supplied with a green nylon overall.

1.9 OFFICE STAFF

The Home Help Organiser has an assistant and one clerk. The department keeps very detailed records, including details of illness, doctor's name, dates and amounts of time help given, etc., and these records were found to be up to date.

There is no doubt that all three ladies work extremely hard and really care about the work they are doing. The Home Help Organiser is on call 7 days a week, and takes a personal interest in the elderly people and the home helps, whose loyalty was stressed by the Organiser.

Perhaps an illustration of what happened one day when I was interviewing the Organiser might be worth mentioning here. A home help, a woman of about 60, came in in a rather distressed state to report that she had had an accident, slipping in the street in very wet weather. Her nose had been bleeding and was swollen, and there was some plaster on her forehead, which had been cut. She was obviously shaken. She had had her cut washed and dressed by a chemist. The Organiser immediately offered to do the rest of her day's duties herself, but the home help said that she would get the shopping for one old lady (as she knew the cheapest places), and then get a meal for an elderly man (who was used to her) and perhaps leave early. But she was quite concerned that her 'people' would be expecting her and she was late because of her accident.

Although the Organiser considered that they could manage the organising and office side with the present staff, it might be of some interest to note that although the case load has grown considerably over the past years, the post of Organiser has not been regraded for 17 years.

2.0 INTERVIEWS WITH PEOPLE RECEIVING HOME HELPS

2.1 THE SAMPLE

276 people aged 65 and over living in Gosport were having the services of a home help (3 8% of the elderly population) A sample of 109 (two in five) was drawn at random of whom 103 (94%) co-operated in the inquiry Of those who did not agree to an interview two were refusals and one broke off the interview half way through as she thought it was too personal In one case a woman of 75 was living on her own and we were told by a daughter, who called every afternoon that her mother was very muddled and would not allow an interview The daughter gave what information she could One person had gone to hospital three weeks previously, and another to a nursing home.

The incomplete interview and the answers given by the daughter on her mother's behalf have been included in the results—although they show as no answers to some questions.

2.2 NUMBER OF DAYS AND HOURS PER WEEK

Only one of the 105 people in our sample said the home help called *every day* and 26 had the home help for six days a week, Sunday being the off-day The number of days a week elderly people had the services of a home help is shown in table 1

TABLE 1

No. of days a week home help calls

No of days	Households		Persons	
	No	%	No	%
1	7	8	9	8
2	24	26	[illegible]	25
3	6	6	[illegible]	6
4	1	1	1	1
5	31	33	[illegible]	[illegible]
6	23	25	[illegible]	[illegible]
7	1	1	1	1
All visits	93	100	[illegible]	[illegible]

The number of hours per visit ranges between 1 hour and 4 hours. The most usual length of time is 2 hours as will be seen from table 2

TABLE 2

Length of time home help stays per visit

Length of time per visit	Households		Persons	
	No	%	No	%
1 hour	[illegible]	[illegible]	[illegible]	[illegible]
1½ hours	1	[illegible]	[illegible]	[illegible]
2 hours	[illegible]	[illegible]	[illegible]	[illegible]
2½ hours or more	3	2	4	4
All visits	[illegible]	[illegible]	[illegible]	[illegible]

The number of hours a week spent by home helps at households with elderly people is shown in table 3.

TABLE 3

No. of hours per week home helps assist elderly person households

No. of hours per week	Households		Persons	
	No.	%	No.	%
1– 2 hours	15	16	17	16
3– 4 hours	23	25	26	25
5– 6 hours	18	19	20	19
7– 8 hours	12	13	14	13
9–10 hours	14	15	16	15
11–12 hours	9	10	9	9
13 hours or more	2	2	3	3
All visits	93	100	105	100

Two out of five of the households receiving help have 4 hours or less a week, and a further one in five have 5 or 6 hours. Twelve per cent have the service for more than 10 hours a week.(1)

2.3 DUTIES OF THE HOME HELP

At all households except one, the home help does the necessary cleaning, polishing, dusting, etc., on the days she attends, as will be seen from table 4.

TABLE 4

Tasks performed by home help

Tasks performed	Households		Persons	
	No.	%	No.	%
Dusting/polishing/cleaning, etc.	92	99	104	99
Shopping	38	41	41	40
Collecting pension	21	23	23	22
Going to laundry/laundrette	6	6	7	7
Doing some laundry in house	33	35	41	39
Laying fires/filling scuttles, etc.	46	61*	49	56*
Making beds	38	41	42	40
Getting light meals	22	24	24	23
Making tea or coffee	36	39	39	37
Washing up	36	39	39	37
Help wash/bathe	6	6	6	6
Clean windows	11	12	11	10
No. of households/persons	93		105	

*This percentage is based on the 76 households (87 persons) who have a solid fuel fire.

(1) At one household containing two sisters aged 83 and 79, both permanently housebound, the home help visits 23 hours a week (4 hours a day Monday to Friday, and 3 hours on Saturday). They pay the full rate of 4s. 6d. an hour, as they have private means; their income from investments totals £600, thus they pay about 40% of their income for home help. They say they would like the home help to come in on Sunday to get them a meal (she leaves sandwiches and a flask of tea for Sunday) but can't afford it. They have no welfare help of any sort, although the doctor visits regularly once a month.

In 60% of the households which have coal fires, the home helps help with the laying of fires, cleaning grates or carrying coals, and in about 40% of households they do the shopping make beds wash up and make cups of tea or coffee In just over a third of the households they do some of the washing and ironing and in nearly a quarter of all households visited they provide meals.

In a small proportion of one person households they help the elderly person wash and bath

Other help given by home helps includes helping with the gardening (4 cases), mending, darning and sewing (2), writing and posting letters (2) giving medicine, changing bandages (2), taking home curtains and cushion covers and washing them (2) One home help papered the walls and another sent her husband in to do odd jobs Many of the elderly people remarked that their home helps did whatever they were asked to do, and praised the amount of work that was done in the time

Nevertheless 19 of the 105 people said they would like things done which the home help just didn't have time for

2 4 TIME OF ARRIVAL

In 46 households the home help helps with the fires—yet in only 23 house holds does the home help start work before 9 o'clock, as will be seen from table 5

TABLE 5

Time at which home help starts work

Time arrives	Households		Persons	
	No	%	No	%
Before 8 a m	7	8	7	7
8 8 55 a m	16	17	17	16
9–9 55 a m	17	18	19	18
10–10 55 a m	18	19	22	20
11–11 55 a m	12	13	15	14
Some time in the morning	4	4	4	4
12 noon 12 55 p m	8	9	9	9
1–1 55 p m	9	10	9	9
2 2 55 p m	1	1	2	2
3 p m or later	1	1	1	1
All times	93	100	105	100

In one case the home help arrives at 6 30 a.m to make the fire, then returns later for the rest of her duties Two other home helps start at 7 15 a m All the households where the home help starts before 8 a m say she makes the fire, as do 13 of the 16 households where the home help starts between 8 and 9 o'clock Where the home help starts at between 9 and 11 a m half the households say she makes the fire, and two households have to wait until after 11 o'clock to get the fires made Some of the elderly people in house holds where the home help doesn't arrive until after 12 noon make the fires themselves but the home helps fill and carry coal buckets

Seven of the people who had the home help 5 or 6 days a week said they had considerable difficulty making the fire on the days she didn't come

Four of the people who had no help with the fires said they would have liked some assistance either with making them or with carrying coal in, but the other 26 households had no difficulties.

2.5 HOW PEOPLE MANAGE TO DO THINGS ON THE HOME HELP'S DAYS OFF

How elderly people manage to do some of the jobs undertaken by the home help on the days she doesn't come is shown in table 6.

TABLE 6

How older people manage various household tasks on days home help does not attend

How old people manage	Cleaning etc.	Shopping	Fires	Making beds	Washing clothes	Meals	Tea or Coffee
Doesn't need to be done	10	25	9	—	11	—	—
Leaves it/leaves part/just doesn't get done	50	2	—	15	18	—	—
Does themselves, no difficulty	23	1	8	9	3	5	21
Does themselves, with difficulty	5	2	13	2	1	2	6
Done/helped by someone else	13	11	18	14	8	15	10
No. of people (excluding no answers)	101	41	48	40	41	22	37

The cleaning, washing and making beds tend to be left undone in a fairly high proportion of cases. Making fires seems to present most difficulty.

2.6 JOBS NOT DONE BY HOME HELP

Table 7 shows how elderly people manage to do household tasks which are *not* performed by the home help.

TABLE 7

How elderly people manage household tasks not done by home help

How old people manage household jobs not done by home help	Shopping	Fires	Meals	Tea or Coffee	Washing clothes	Washing/bathing	Make beds	Washing up
Doesn't need to be done	1	17	—	1	8	—	1	—
Leaves it/leaves part/doesn't get done	—	—	—	—	—	—	—	1
Does self, no difficulty	25	15	51	51	26	55	35	47
Does self, with difficulty	4	6	11	6	9	25	11	4
Done/helped by someone else	33	17	18	8	18	17	14	12
No. of people (excluding no answers)	63	55	80	66	61	97	61	64

Elderly people would seem to need help most with washing and bathing, getting meals and making beds, where these jobs are not done by the home help.

3.0 THOSE HAVING HOME HELPS

3.1 SEX AND AGE

Of the 105 persons interviewed, 89 were women and 16 were men. A much higher proportion of elderly women have the services of a home help than do elderly men. Our general sample shows that 40% of those over 65 are male

(39% Census 1966) while the proportion of men in the sample of those receiving home help is 15%

While this higher proportion of women getting help is partly due to the fact that there is a higher proportion of elderly women in the population it would appear from our sample that very few men aged 65 69 have a home help (there were none in our sample)

TABLE 8

Age distribution of men and women receiving home help

Age group	Men	Women	Both sexes	
	Nos	Nos	Nos	%
65–69	—	7	7	7
70–74	4	12	16	15
75–79	5	30	35	34
80–84	3	26	29	28
85 and over	3	14	17	16
All ages	15	89	104(1)	100

(1)One man did not give age

3 2 HOUSEHOLD COMPOSITION

Most of those in the sample receiving home helps were people living alone as can be seen from table 9

TABLE 9

Household composition of persons having home helps compared with all those aged 65 and over

Household composition	Home help sample %	All aged 65 or over %
[illegible]	67	28
[illegible]	1	4
[illegible]	7	7
[illegible]	6	3
[illegible]	3	5
Elderly couple l ving alone	12	44
Elderly couple living with others	4	9
Nos on wh ch % based	105	446

Two out of every three elderly people having the services of a home help are living alone where an elderly person is living with others even where the people she is living with are themselves elderly there is apparently less need of home help service

3 3 MOBILITY

None of the people in the sample were permanently bedfast One was temporarily bedfast but was usually housebound 40 were permanently house bound 12 temporarily housebound but usually went out and 52 were able to get out

Ten of those housebound had been so for less than a year, 12 for 1-3 years, and 15 for longer periods. Four could not say how long they had been housebound.

The most usual conditions given as a reason for not being able to get out were rheumatism and arthritis, mentioned by 19 informants. Six mentioned heart conditions, 4 blindness or bad eyesight, and 3 'nerves'. Four had some sort of chest or pulmonary difficulties. Other conditions mentioned were a stroke, Parkinsons disease, and general old age.

3.4 DOCTOR'S ATTENDANCE

Sixty-five of the 105 people in the sample saw the doctor regularly, 13 going to his surgery, and 42 being visited by him.

3.5 OTHER WELFARE SERVICES

(a) Meals-on-wheels

Fifteen of the 105 persons with home helps also have meals-on-wheels delivered, getting two dinners a week. Four of these recipients say they started getting the meals at about the same time as they had the home help, and 11 after they first had the home help.

It might be of some interest here to note the opinion of G.P.s on the need for more help with meals. Asked whether they had any elderly patients not getting meals-on-wheels who would benefit if meals-on-wheels were delivered to them, 10 of the 27 G.P.s said they did know of such people, and five of them estimated that a minimum of 30 of their patients would so benefit.

Two G.P.s said that in one district people can have either meals-on-wheels or home help (but not both) and a further two commented that they were not aware that the service operated in their area.(1) One G.P. said that since the resources were restricted, the service was limited to those in chronic need, and not short illnesses.

One of the G.P.s thought that more meals should be served to those already getting the service, which operates on two days a week only. These G.P.s estimated a minimum of 21 of their patients who needed meals more often during the week. Two doctors said they should be served every day, including Bank Holidays, 4 on six days a week, 2 on five days, and the other on three days.

While many doctors praised the service and the workers, there were some criticisms of the quality and variety of food and the cooking, and the fact that so little publicity was given to the service. One doctor said the service should be given more financial aid, while another said it would be better to have more home helps and abolish the meals-on-wheels service.

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(1) The W.R.V.S., who provide the Meals-on-Wheels service, say that they supply meals-on-wheels wherever a doctor recommends it, irrespective of district and whether or not there is a home help allotted. Where the application does not come from a G.P., all cases are investigated by the Welfare Officer.

(b) District Nurse

The District Nurse was calling on 11 of the sample (10%) compared with 2% of the general sample aged 65 and over The help given is listed below

Blanket baths, washing and cutting toenails	4
Injections	3
Urine test	1
Dresses ulcerated leg	1
No treatment, just checks	2

Two of these people had had the District Nurse before getting a home help, three had the services of home help and District Nurse at about the same time, and four had the home help before the District Nurse (Two could not remember how long she had been calling)

(c) Bathing service

Regarding the difficulty experienced by elderly folk in washing themselves and bathing, doctors were asked whether a bathing service, operated by enrolled nurses, was available in Gosport. Twenty-five doctors said there was no such service, but two said they could get the Red Cross to do this where necessary Twenty five doctors thought such a service would be useful, helping both the elderly patients and relieving the District Nursing service, but one doctor said it would be better to fit showers, and another suggested training relatives to do this While this latter suggestion is an interesting one, it must be remembered that a very high proportion of those who have home helps are people living alone, as are 28% of all those aged 65 and over living in Gosport.

(d) Chiropody

Twenty-eight of the 105 informants with home help (27%) used the welfare chiropody service, compared with 7% of all people aged 65 and over Asked how they first heard of the service, only two had been told about it by their doctors. Twelve had learned of it from voluntary welfare organisations mostly Red Cross members and 11 from friends or people with no official connection with old people's organisations One had been told about it by her home help who had written to the chiropodist on behalf of the old lady The other two had been going to a private chiropodist, who, when the fees were raised, suggested that they apply for aided chiropody

About half the informants had the service after having a home help, and half before

(e) Health Visitor

Three of the 105 were visited by a Health Visitor Two people said she just talked to them, and the third that she had got her some bed blocks and crutches In the general sample, only one of the 446 informants had seen a Health Visitor

(f) Visiting service

Twelve informants had 'friendly' visits

3 6 FINANCIAL POSITION OF THOSE HAVING HOME HELPS

Ten people in the sample did not reveal their income or would not give a complete account of the amount received However, all but two were prepared to state the sources of their income

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Sources of income

The sources of income of those having the services of home helps are compared with those of the general sample of people aged 65 and over in Gosport in table 10.

TABLE 10

Sources of income of those (aged 65 or over) having the services of a home help compared with sources of all people aged 65 and over

Source of income	Those with home helps		General Sample aged 65 and over	
	No.	%	No.	%
Wages/salary	—	—	38	9
Retirement/O.A.P.	92	89	384	90
National Assistance	65	63	116	27
Other Govt. grants and pensions	21	20	193	45
Private/firms pensions	2	2	45	11
Rents	3	3	14	3
Interest on shares/etc.	4	4	29	7
Charities	4	4	2	*
Other sources (2)	9	9	26	6
No. of people on which % based	103	(1)	428	(1)

*Less than 0·5%.

(1) Percentages add to more than 100 since many people have more than one source of income.

(2) Other sources of income include allowances from children, capital withdrawals (which are not strictly income) and unspecified "private means".

A very large proportion of people in this area get Government pensions or grants other than retirement pensions, since this is an area where a high proportion of people were either in the Navy or attached to naval establishments.

It will be seen that a very high proportion (over 60%) of people having the services of a home help are also receiving National Assistance. Having National Assistance is generally associated with being in the lowest income

TABLE 11

Income of those (aged 65 and over) having the services of a home help compared with incomes of all people 65 and over

Income per week	Single incomes				Joint incomes		
	Home help sample		General sample 65+		Home help sample	General sample 65+	
	No.	%	No.	%	No.	No.	%
Up to £3	1	1	5	3	—	—	—
Over £3 up to £4	9	11	46	23	—	—	—
Over £4 up to £5	22	28	40	20	2	1	*
Over £5 up to £6	27	34	38	19	—	10	5
Over £6 up to £8	15	19	38	19	4	41	20
Over £8 up to £10	2	3	19	10	8	66	31
Over £10 up to £15	3	4	9	4	2	62	30
Over £15 up to £20	—	—	1	1	—	13	6
Over £20	—	—	1	1	—	16	8
Nos. on which % based	79	100	197	100	16	209	100

*Less than 0·5%.

brackets which would suggest that the actual income of those having a ho help is lower than that of people not having this service This is examined table 11

While 26% of those now unmarried have an income of up to £4 a week, proportion having a home help in this income range is 12%, so that a sma proportion of those in the lowest income groups have home helps than wo have been expected if having a home help was dependent on having a l income At the higher end of the scale only 7% of those with a single inco of over £8 have a home help, while there are some 16% of the single people at this income level

The proportions having home help in the £6 £8 range is similar to proportion to be found in the general elderly population but while ab 40% of single elderly people have an income of between £4 and £6 over 6(of those receiving the services of a home help come into this income ran

As far as those with joint incomes are concerned (mostly married coupl the numbers of those receiving home helps are too small to allow comparisons

It would appear that having a *comparatively low or high income me* there is less likelihood of having a home help It has been shown in table that receipt of National Assistance is one of the factors enabling an elde person to have a home help and that a low actual income is less importa *Table 12 compares the income of elderly people with a home help living* their own who receive National Assistance with those who do not

TABLE 12

Income range of elderly people with and without National Assistance living on own who have home help

Weekly income	Having National Assistance	Not having National Assistance	All living alone
	%	%	%
Up to £4	2	33	11
Over £4–£5	31	11	25
Over £5–£6	47	6	35
Over £6–£8	18	28	21
Over £8	2	22	8
No of incomes on which % based	45	18	63(1)

(1) Excludes 6 people whose full income not obtained

A much higher proportion of those whose income is between £4 and £(week are receiving National Assistance than are those having a weekly incol either less or more than this amount and it is this group which has a ve high proportion of home helps

This confirms that an elderly person in receipt of National Assistance more likely to have a home help than people with similar or lower incom who do not receive National Assistance

Number of hours for which home help is allocated

Once a home help has been allocated do those with National Assistance ha the same amount of help as the others in terms of the number of hours week allotted? Table 13 examines this.

TABLE 13

No. of hours a week worked by home helps for households with elderly people getting National Assistance, compared with those not getting National Assistance

No. of hours per week	Households receiving home help					
	Having N.A.		Not having N.A.		All households	
	No.	%	No.	%	No.	%
1–2 hours	4	7	9	29	13(1)	14
3–4 hours	15	25	8	26	23	25
5–6 hours	14	23	4	13	18	20
7–8 hours	9	15	3	10	12	13
9–10 hours	10	16	4	13	14	16
11 hours or more	8	14	3	9	11	12
No. on which % based	60	100	31	100	91	100

(1) Excludes 2 people not stating sources of income.

Although the numbers are small, it is clear that those drawing National Assistance have the services of the home help for a longer period per week. The most usual period for those on National Assistance is 3-4 hours a week, compared with the most usual 1-2 hours per week of those not on National Assistance.

This leads to the question—is there some reason for those with National Assistance needing more help in the home than those who do not, or is it that, while they need the same amount of help, they get more, for some reason associated with receiving National Assistance.

Taking the last part first—it is known that those on National Assistance are usually reimbursed by that body for the full cost of the service. It is possible, therefore, that those with a higher income may be able to arrange private help, and thus not need to call on the home help service, and that those with the lowest income, who are not getting National Assistance might not wish to reveal their income (a possible reason for not getting National Assistance) and cannot afford the full rate.

TABLE 14

Income of households not receiving National Assistance, and the amount paid per week

Weekly Income	Amount paid per week						
	5/-	9/-	13/6	15/-	27/-	36/-	£5-13-6
Single:							
Up to £4	2	2	—	—	—	—	—
Over £4–£6	1	1	—	—	—	—	—
Over £6–£8	3	1	1	1	—	1	—
Over £8	1	1	1	—	—	—	—
Joint:							
Up to £6	—	1	—	—	1	—	—
Over £6–£8	—	—	—	—	—	—	—
Over £8	3	—	—	—	—	—	1(1)

(1) This is the household containing 2 elderly ladies whose total income from private means is about £12 a week.

Almost all those receiving National Assistance are charged 5s a week, irrespective of the number of hours (There are exceptions, where there are working children in the household, and the full rate is paid) In the 26 house holds not getting National Assistance, who gave the amount paid, 11 paid 5s a week, 6 paid 9s, 4 paid 13s 6d, and 5 paid more than 15s Table 14 shows the 22 households whose weekly income was also obtained

Most of those not receiving National Assistance are paying the full rate which in some cases is a very high proportion of their weekly income It is not unreasonable to assume that having to pay for extra hours would prove too much of a burden

It would seem, *prima facie*, that the scale of charges might be leading to elderly people not having the amount of help they need

But this would only follow if it could be shown that those elderly people getting National Assistance have the same physical need for help as those not getting National Assistance This is examined in the following section

TABLE 15

Age of people having home helps, comparing those with and without National Assistance

Age group	Receiving N A	Not receiving N A	All persons
	%	%	%
65–69	11	—	7
70–74	14	18	15
75–79	34	34	35
80–84	26	29	27
85 and over	15	19	16
No of people on which % based	65	38	103

A higher proportion of those in our sample having home helps and National Assistance are in the youngest of the age groups and overall those not on National Assistance getting home helps are older than those getting National Assistance, so that if age is associated with need for home helps, it would seem that those getting National Assistance are getting a higher proportion of home helps than is justified in comparison with the others

3 7 MOBILITY OF OLD PEOPLE HAVING HOME HELPS

One person in the sample of 105 elderly people having home helps was

Table 16

Mobility of those having home helps compared with general population of those 65 and over

Mobility	Home help	General pop
	%	%
[illegible]	—	0 4
[illegible]	1	0 4
[illegible]	—	0 4
[illegible]	38	8 1
[illegible]	11	4 0
[illegible]	50	86 7
Nos on which % based	105	446

bedfast temporarily (usually housebound). Forty were permanently housebound, and 64 usually went out, of whom 12 were temporarily housebound at the time of interview. Comparing this sample with that of the general population of those 65 and over, it is found, as would be expected, that a much higher proportion of those getting home help are housebound.

38% of those having a home help are housebound permanently, and a further 11% temporarily, compared with 8% permanently and 4% temporarily housebound in the general population. Nearly nine out of 10 people aged 65 and over usually go out, compared with one in two of those having home helps.

Let us consider whether those receiving National Assistance are similar to those who are not as regards mobility—table 17.

Table 17

Mobility of those in the home help sample receiving National Assistance, compared with those not receiving National Assistance

Mobility	Receiving N.A.	Not receiving N.A.	All
	%	%	%
Housebound permanently (1)	45	31	40
Housebound temporarily	17	3	12
Goes out	38	66	48
All having home helps	65	38	103

(1) Includes 1 person permanently bedfast receiving National Assistance.

62% of those having home helps and National Assistance were housebound at the time of interview, compared with 34% of those not receiving National Assistance, which would appear to indicate that those receiving National Assistance may be more dependent on a home help, and therefore need her for more hours than those not receiving National Assistance.

There is one rather interesting question that arises here. We have seen that of those having a home help, a higher proportion of those having National Assistance are less mobile than those not having National Assistance. Does this hold true of older people in general? This is examined in table 18:

Table 18

Mobility of elderly people receiving National Assistance compared with those not receiving National Assistance

Mobility	Receiving N.A.	Not receiving N.A.	All persons 65 or over
	%	%	%
Bedfast permanently	—	} 1	} 1
Bedfast temp., usually housebound	—		
Bedfast temp., usually goes out	1		
Housebound permanently	12	7	8
Housebound temp., usually goes out	9	2	4
Goes out	78	90	87
Nos. on which % based	116	312	428 (1)

(1) Excludes 18 not giving sources of income.

Here again, it would appear that those receiving National Assistance are less mobile than those not getting this benefit There is also evidence that those receiving National Assistance are seen more regularly by their doctors as can be seen from table 19

Table 19

Doctor's attendance on elderly people receiving National Assistance compared with those not receiving National Assistance

Doctor s visits	Home help sample	General sample aged 65+		
		With N A	Without N A	All
	%	%	%	%
Doctor visits subject regularly	12	15	8	10
Subject visits doctor regularly	40	13	12	12
No regular visits	48	72	80	78
Nos on which % based	105	116	312	428

As would be expected, the old people who have home helps see their doctor much more frequently than average

Not only does a doctor regularly visit a higher proportion of those drawing National Assistance, but he sees regular patients more often (table 20)

Table 20

Frequency of visits by and to doctors of patients aged 65 and over who see their doctor regularly

Frequency of regular visits to and by doctors	Home help sample	General sample aged 65+		
		With N.A	Without N.A	All
	%	%	%	%
At least once a week	8	3	2	2
At least once a month	83	75	63	67
Less frequently than once a month	9	22	35	31
Nos on which % based	55	32	65	97

22% of patients drawing National Assistance are visited regularly less frequently than once a month compared with 35% of those not receiving National Assistance.

It would then seem that while those getting National Assistance are com paratively slightly younger, they are likely to be less mobile and have to see their doctors more often than those not receiving National Assistance, so that *a higher proportion might need home helps, and for longer periods per week.*

Household composition

Another factor which will affect the need for home helps is whether there is anyone else in the household who might help It has been shown that the home help sample contains a much higher proportion of elderly people living alone compared with the general sample It may be that the household com

position of those drawing National Assistance is different from that of the r
of the elderly population—see table 21:

Table 21

Household composition of those drawing National Assistance, compared with rest of eld population

Household composition	Home help sample			General sample aged 65+		
	Receiving N.A.	Not receiving N.A.	No. on which % based	Receiving N.A.	Not receiving N.A.	No. or which % base
	%	%		%	%	
Old person living alone	68	32	69	53	47	122
Old person living with others	(10)	(7)	17	25	75	79
Couple living alone	(6)	(7)	13	16	84	188
Couple living with others	(2)	(2)	4	(3)	(38)	41
All persons	63	37	103	27	73	428

( ) indicate numbers, not percentages.

27% of the elderly people in Gosport draw National Assistance (the sa proportion as for England and Wales as a whole).

Whereas 53% of elderly people living entirely alone draw Natio Assistance, 25% of single or widowed old people living with others do so, do 16% of couples living alone.

If it is accepted that elderly people living alone are more likely to ne home helps, then it would follow that a higher proportion of those receivi National Assistance need help than those not receiving this benefit, but not the extent indicated by the home help sample.

From the sample of elderly people receiving home helps, we find that 68 of elderly people living alone are also drawing National Assistance whi means that while some are undoubtedly benefiting from full help because not having to be concerned with cost, those who are less physically able cope with looking after themselves are more likely to be drawing Natio Assistance.

Since we have seen that a large number of people with low incomes are n drawing National Assistance, could it be that while they are able to mana physically they also attempt to manage financially. Another possibility is th until people can no longer manage physically, the Authorities are unaware their trying to exist on so low an income, but we have seen that a number very small incomes *are* known to be in physical need of help by the doctor a home help service, but are still not drawing National Assistance.

It is hoped that the survey being currently undertaken by the Ministry Pensions and National Insurance and the Ministry of Social Security may able to throw some light on this question.

4.0 ELDERLY PEOPLE IN THEIR OWN HOMES—GENERAL SAMPLE

Gosport was the pilot area for this study, and in the general sample bo men and women aged 60 and over were interviewed, whereas in the ma survey only those of retirement age were approached.

Up to this point we have been comparing the home help sample with those in the general sample aged 65 and over but in this section we will be dealing with the retirement population i e, 180 men aged 65 and over and 354 women aged 60 and over, so that any estimates made of need will be comparable with the other areas

The 534 people of retirement age in the general sample were asked who did most of the cooking shopping and housework Their replies are given in table 22

Table 22

Person responsible for most of the cooking shopping and housework

Person responsible for	Cooking %			Shopping %			Housework %		
	Men	Women	All	Men	Women	All	Men	Women	All
Self	14	90	64	34	71	59	22	76	58
Spouse	69	1	24	46	8	21	55	4	22
Shared self and spouse	—	—	—	4	3	3	3	1	1
Child (in law) in h/d	4	3	4	4	6	5	3	6	5
Child (in law) outside h/d	*	1	1	2	3	3	1	1	1
Other relative in h d	3	2	2	2	2	2	3	2	2
Other relative outside h d	1	—	*	3	1	2	2	*	1
Other person in h d	3	1	1	3	1	1	3	*	1
Friend neighbour	2	*	1	1	1	1	1	*	1
Home help M O W /welfare	1	1	1	1	2	2	3	6	5
Private domestic help eat out	2	1	1	—	1	*	4	4	4
Other person outside h d	*	*	*	—	1	1	—	—	—
No on which % based	180	354	534	180	354	534	180	354	534

* Less than 0 5%.

Comparatively few old people depend on outside help for most of their cooking only 1% saying that the home help or meals on wheels mainly cater for them in this respect This is understandable as while 10 people (2%) have meals on wheels delivered they only get 2 meals a week

While a high proportion of those having home helps say the home help does some of the shopping less than 2% of the general elderly population say she does most shopping Some 9% of elderly people have to rely on someone outside the household other than a home help to do their shopping a third of these people depending on children not living with them

In the majority of cases where a home help attends she is responsible for the major part of the housework Almost as many elderly people in this area rely on paid domestic help as on home helps Comparatively few have other people outside to help do the major part these being mainly children or relatives not living with them

Nearly 90% of elderly people do the major part of their cooking themselves or it is done by the spouse compared with just over 80% doing the shopping and housework

Difficulty in doing cooking, shopping and housework

Where elderly people did most of their own work they were asked if they were able to do it without difficulty 4% of elderly people were responsible for most shopping but had some difficulty—usually carrying heavy goods or leg trouble making it difficult to walk or finding difficulty in crossing roads Just over 1% have to do most of their own cooking and find it difficult as do 10% of all elderly people who find it difficult to do housework and are responsible for most of it themselves

The main difficulty encountered by these latter folk is that they are no longer supple enough to bend, stretch or kneel, or to do the heavy jobs of carrying coals, turning mattresses, or window-cleaning.

Need for home helps

Doctors have to support any application for a home help, although about one-third of those having home helps at present say that the original suggestion that a home help was needed was made by someone other than a doctor, mostly by relatives or the applicant herself, although in a few cases the suggestions came from District Nurse or Health Visitor, N.A.B. officials, or the Blind Welfare Officer.

G.P.s in Gosport were asked if they had difficulty in getting home helps for their patients, and were generally agreed that there was no difficulty. About half of the G.P.s thought that the home helps should stay longer with their patients, and attend on more days a week.

Eight of the 27 G.P.s knew of patients who had had their home helps removed suddenly within the last 12 months, but stressed these were for short periods only.

Five of the G.P.s thought they had patients who should have home helps or have them for longer periods, but who refused this help because they could not afford the charges; they could not estimate the number as some said they avoided discussing money matters with patients.

In a considerable proportion of cases, elderly people had not seen their doctor for quite a long period. Table 19 showed that some 22% of elderly people saw their doctors regularly. This proportion is the same for the retirement population. Table 23 shows, for those who do not have or make regular visits, when the doctor was last seen.

TABLE 23

When people of retirement age, not regularly seen by their doctor, were last seen by him

When last visited	Persons not seen regularly by doctor	
	No.	%
Within 1–2 weeks ago	53	13
Between 3–4 weeks ago	19	5
Between 1–2 months ago	47	12
Between 3–5 months ago	44	11
Between 6–11 months ago	46	12
Between 1–2 years ago	100	24
Between 3–5 years ago	62	15
Between 6–10 years ago	17	4
Over 10 years ago	17	4
No. on which % based	405(1)	

(1) Excludes 9 not answering.

Thus of those not seeing the doctor regularly, almost half had not seen him in the past year, and we can calculate that 51% of people of retirement age saw a doctor less frequently than once every 6 months.

It may be, therefore, that need of home help cannot be fully estimated by reference to doctors, and the following method is suggested.

The need for home helps is likely to depend mainly on whether the elderly person is able to get about, and if not, whether there is anyone else who helps, either living within or outside the household If not, and they are mainly responsible for carrying out the duties themselves, can they do so without difficulty?

It has been shown that a higher proportion of elderly people who were not able to get out and about at the time of the survey, and those living alone, or with an elderly spouse, needed home helps than did others

The sample was therefore divided into those who could get out and about and others, i e , bedfast and housebound

Those usually not able to get out and about

There were 41 persons of retirement age in the sample who were either bedfast or permanently housebound, in households as follows

Old person living alone	12
Old person living with child(ren)	8
Couple living alone	16
Couple living with child(ren)	5

Of those living alone, six had a home help In all cases the home help did most of the housework and for three people she also did most of the cooking and shopping However, the amount of help was not felt to be sufficient in all cases Two were women who were badly handicapped, one having arthritis and the other asthma and heart trouble They had the home help calling for 6 and 7 days a week but a large part of this time was spent in preparing a meal, and the informants felt that if they had meals on wheels the home help could spend more time on other things Another lady, aged 69 was crippled by arthritis The home help visited her on four days for 1½ hours each time, but she did not visit Friday or Saturday and the informant could not make her fires or get coal in, and was also afraid that she might fall and not be discovered She had a friend who did her shopping and because she was a diabetic she prepared her own meals despite her difficulties She had previously had the home help for 2 hours on 6 days but the time had been cut down She definitely seemed to need more help

Two of the old people living alone without home help had no difficulty with cooking or housework and had someone to do the shopping for them as they could not get out themselves Another lady of 86 was entirely dependent on her family who lived down the road, but she seemed very happy and they were willing to do all they could for her

The other three women living alone seemed in need of a home help All had difficulty getting about and had no assistance from any source

Six of the elderly living with children were not responsible for any of the housekeeping The last household consisted of two sisters in their early seventies, both being housebound, living with the sons of one of the sisters However, although they were nervous of going out, they could get about the house and did not need any help, a daughter outside the household came to see that they were all right and brought shopping

Elderly couples, one or both not able to get out

There was only one couple living alone where both partners, aged 90 and 82, were housebound They had the home help for 2 hours every day except

Sunday and seemed to be managing although they were both rather frail. Two other couples also had a home help.

Of the 12 couples living alone without home help, nine needed no help because the more active partner was able to do the housework. One man and one woman complained that they were under strain because their spouses needed constant care and attention, but they did not have any difficulties doing the housework, and would seem to need some nursing assistance rather than home help. The last couple were in their early seventies; the husband was housebound with heart and lung trouble and the wife had difficulty with the shopping and housework. She said that the doctor had wanted her to have a home help but that she had turned it down when told she would have to pay 4s. 6d. an hour which she felt they could not afford. They gave their income, including the husband's navy pension, as £10 10s.

Three of the five couples living with children were not responsible for any of the housekeeping. One couple in their seventies, living with two working sons aged 36 and 39, needed home help because the wife had bronchitis and had difficulty with cooking and housework, and her husband was not able to help. The last couple were only in their sixties and lived with their grandson, but the wife had arthritis and walked with sticks and her husband had bronchitis. Their daughter came in to give them some help but they would appear to need more.

Thus for those not able to get out and about there was a need for:

Home helps for 6 households
More home help for 1 household
Meals-on-wheels for 2 persons

Those able to get out

There were 493 persons in the sample usually able to get out, in households as follows:

	No. of persons	No. of households
Old person living alone	128	128
Old person living with child(ren)	56	55
Old person living with others 64 and under	20	17
Old person living with others 65 and over	15	7
Couple living alone	222	141
Couple living with child(ren)	33	23
Couple living with others 64 and under	15	11
Couple living with others 65 and over	4	3
	493	385

We examined the questionnaires of all people who said they had difficulty with any aspect of the housekeeping.

Of the people living alone, 26 (20%) reported some difficulty, 3 mentioning cooking, 6 shopping and 21 housework.

Of the three who said they did not get a cooked meal every day, two were perfectly able to prepare one but said that they sometimes did not bother, and the other had meals-on-wheels and a home help and was satisfied with this.

The people who had difficulty shopping were able to manage with assistance from family and neighbours, or by having goods delivered.

Ten of the people who had some difficulty with housework did not have major difficulties and could overcome them with a small amount of outside help or by using implements such as long handled mops However another ten had problems which they could not overcome either having to leave work undone or doing it 'with a struggle', these included one man who was fit and active but never having had to do housework he now found it a problem These ten persons would benefit from a home help The last lady already had a home help but was totally blind and found that the 5 hours a week help she was getting was insufficient She had been warned by her doctor not to do anything strenuous as it might do further damage to the back of her eyes, but found that her home help did not have time to do some of the heavy jobs such as cleaning floors and washing

Six of the elderly living with children reported some difficulty with the housework but they all said that the jobs they had to leave were done by the children in the evenings or at weekends Similarly the other single' people living with others had help available if they needed it

Of the couples living alone only one seemed in need of help because in most cases the husband could help when the wife had difficulty This couple were a man aged 71, who did the shopping but found the carrying difficult because of arthritis and his wife aged 79 who had poor sight and 'bad legs' and found difficulty with the floors and other heavy work She said that she used to have a woman coming in but she had let her down and not been for several weeks

The last case that needed help was a man of 66 living with his disabled wife aged 48, a 17 year old daughter who was working and a 10 year old son His wife could manage the cooking but he had to do the housework which he found difficult He had stomach ulcers which sometimes caused him so much pain that he had to leave everything

Thus among those able to get about we found a need for

Home helps for 12 households

More home help for 1 household

It can therefore be estimated that the total need in Gosport was

	Sample (534 persons of retirement age)	Population of Gosport Census 1966 (9 090 persons of retirement age)
Home helps	18 households	300 households
More home help	2 households	35 households
Meals-on wheels	2 persons	35 persons

The most urgent need would be for these bedfast or housebound viz 100 households

II HOUSING FOR OLDER PEOPLE

Gosport has no Housing Manager Housing applications are dealt with by the Treasurer's Department The following information was obtained in a series of interviews

1.0 PRESENT PROVISION

In Gosport there were, at February 1st 1965, 568 old people's dwellings, 76 bedsitters, 490 one-bedroom and 2 'granny' bungalows, which were also 1-bedroom. Granny bungalows adjoin 3-bedroom houses in which a son or daughter and young family live. The tenancy of the family house is given on condition that it will be vacated in the event of the older person's bungalow becoming vacant. 36 of these dwellings were in 3 housing estates (two with 13 and one with 10 dwellings) with warden attendance.

A total of 782 'old' people live in the Local Authority old person's dwellings —'old' people being defined as 60 or over (or in the case of a married couple one must be 60 or over) although there are some few tenants in their fifties.

1.1 WAITING LIST

There is a waiting list for old people's accommodation, which is open for further applications. No special list is kept of old people, but we were told they were coded in such a way as to allow for easy reference. On February 1st 1965 there were applications which would involve 158 single units and 126 double units.

All applicants on the waiting list are asked, once a year, if they still wish to remain on the list.

Officially anyone who has lived in Gosport for at least 10 years, and been at their current address in Gosport for at least 6 months may be placed on the waiting list—but it was found that these rules are sometimes relaxed.

When housing units become available, or when newly built property is nearing completion, the waiting list is gone through, and those cases with the highest priority are interviewed to check the details on the application form. The selected cases then go before the Housing Committee for consideration and action.

1.2 FACTORS TAKEN INTO CONSIDERATION WHEN ALLOCATING OLD PERSON'S HOUSING

Anyone aged 60 or over (or in exceptional cases 50 or over) who has lived in Gosport for at least 10 years, and has been in their latest accommodation for at least 6 months may be considered for rehousing. The present policy is to rehouse old people

(1) whose dwellings are subject to slum clearance or redevelopment;
(2) who are living in dwellings too big for their current needs; or
(3) who do not have sole use of amenities, i.e. kitchen, w.c. or bathroom.

An application with a supporting letter from the applicant's doctor that rehousing is desirable or necessary on health grounds would not be given any special consideration, although a supporting letter or recommendation from a specialist *would* be considered more favourably.

It is the Housing Committee's policy to encourage elderly tenants in Local Authority property to move to smaller units when their family size has decreased. Some tenants themselves apply for transfer, others are approached by the Committee. No compulsion is used to effect transfer.

1.3 WARDEN-SUPERVISED DWELLINGS

Every applicant is given an opportunity to state a preference for a dwelling

with warden supervision and those judged 'most suitable for accommodation of this type are allocated one of the units It was difficult to establish the criteria on which suitability was determined We were told by the Housing Authority that nobody under 60 would be considered for such dwellings unless they were for example in their 50 s but permanently disabled by such conditions as strokes etc. A rather general less able to take care of themselves appeared to be the standard

No one who is working is considered for warden supervised dwellings

1 4 WELFARE GRANTS FOR WARDEN SUPERVISED DWELLINGS

Hampshire County Council Welfare Committee were at the time of discussion prepared to make an annual grant of £35 in respect of special housing schemes for aged and handicapped persons likely to need residential welfare accommodation in the reasonably near future They enumerate five welfare features which are regarded as essential for the accommodation to qualify for payment

(a) The services of a warden living within the group of special housing
(b) A system of communication from each unit to the Warden s accommodation
(c) An outside telephone line for the use of the warden
(d) A separate w c. to each unit
(e) Background central heating for living rooms bedrooms and bathrooms the cost of which is included in the rent except in schemes comprising small isolated units

The Hampshire Welfare Committee have also reviewed other features which assist the aged and handicapped to remain independent and have asked all Housing Authorities to consider their incorporation in any scheme of special housing for which a welfare grant is sought They list 35 items including aids to facilitate bathing use of w c. fitments to avoid climbing stretching or bending handles which are easy to use etc

Each unit in all 3 Gosport schemes has a separate kitchen but bathrooms *and w c s are shared In two schemes electric underfloor heating is installed* in the other heating is by means of electric panels The cost of heating is included in the rent Although the tenants can adjust the heating *within* the flatlet the supply of electricity to the flatlet is controlled by the warden There is normally no supply between May and October

In two schemes some hot water is supplied from a central boiler

All three schemes have a communal sitting room but there are no communal dining rooms or T V rooms

The amenities and the accommodation being of the standard required by the County Welfare Department does not automatically lead to the payment of the grant—as this is made for the tenant and not the building

The Housing Committee decide who shall be rehoused in warden supervised accommodation but before the grant is given the person is interviewed by the District Welfare Officer The grant is not paid if the person is working or has sufficient means to make their own arrangements There is no fixed capital sum barrier cases are treated individually The grant would not be paid if the person was under pensionable age unless he was handicapped or if younger relatives were in the household

All the residents in the three warden supervised dwellings in Gosport qualify for the grant

1.5 REHOUSING OF OLD PEOPLE IN 1964

In 1964, 109 people, aged 60 and over, were rehoused, 90 to old people's dwellings (including some warden-supervised units), and 19 in other property. 28 of those rehoused were from property which had been scheduled under slum clearance or other redevelopment orders, 81 being rehoused for other reasons.

The other reasons mainly covered those living in units too large for their needs, or sharing amenities. There was one isolated case where a county court order to leave had been issued to an elderly tenant, and the Housing Committee considered this a special case, and another one where a medical specialist had recommended rehousing.

It may be of some interest to note that of the 81 people rehoused for reasons other than compulsory purchase, 66 were from Local Authority housing, and only 15 from the waiting list.

1.6 FUTURE REHOUSING

Plans had been made for the erection of

(a) 20 bungalows (10 single, 9 double, 1 to be used by general assistant to warden).
(b) 24 warden-supervised dwellings (20 single, 4 double).
(c) 27 bungalows, some single, some double.

The 19 bungalows under (a) would be ready for occupation February/March 1965, and the accommodation had already been allocated, all to people living in other Local Authority property.

The 24 warden-supervised dwellings were to be ready for occupation February/March 1965. Two would be needed for people from property due to be demolished. The rest had still to be allocated, and we were told that applicants on the waiting list would be considered.

It was not possible at the time of interview to forecast the date for the occupation of the 27 bungalows.

Even with this proposed expansion of old people's housing, there would still be a large number of older people on the waiting list. And there are undoubtedly people who would qualify for inclusion who have not approached the Council.

2.0 PEOPLE REHOUSED IN LAST 5 YEARS

To get some idea of the background of those being rehoused, a sample of 58 households rehoused during the last 5 years was drawn. Since the records of older people were not kept separately, it meant calculating from the age at time of application to obtain a sample of those 60 or over. In some cases the age of the applicant was not given, which involved some judgement on the part of the samplers as to whether the other factors (such as absence of young children, etc.) meant that the applicant could be reasonably assumed to be 60 or over.

Despite this, a number of those called on were found to be in their 50s, and were not interviewed.

Of the resulting sample set of 61 people aged 60 or over, 55 were interviewed. One was too ill, and was waiting for hospital admission, another was in hospital. One had been rehoused as an 'exchange' from Birmingham, and three refused to be interviewed.

There were 46 households involved, 29 containing one person aged 60 or over on their own, 9 containing 2 people, both of whom were 60 or over, and 8 containing 2 people, only one of whom was 60 or over

2.1 WHEN REHOUSED

Of the 55 people interviewed, 8 had been rehoused within the last year, 14 between 1 and 2 years ago 12 between 2 and 3 years ago 16 between 3 and 4 years ago, and 5 between 4 and 5 years ago

2.2 CHARACTERISTICS OF THOSE REHOUSED IN LAST 5 YEARS AGE, SEX AND MARITAL STATUS

The present ages of men and women in our sample are shown in table 1

TABLE 1

Present age of men and women rehoused in last 5 years

Age	Men	Women	Both sexes
60–64	3	12	15
65–69	13	8	21
70–74	3	3	6
75–79	2	4	6
80 and over	1	6	7
All ages	22	33	55

There is a far higher proportion of women aged 60 64 than men in the same age group—but this is probably due to the tendency of men to marry women a few years younger than themselves 27 of our informants were married, one was single, and 27 widowed

A very high proportion of those rehoused in the last 5 years were 'younger' old people, i e under 70 years old The original data show that 6 of the 55 were rehoused before they were 60 years old, and a further 22 before the age of 65

2.3 HOUSEHOLD COMPOSITION BEFORE MOVING

Before being rehoused, 18 persons lived alone, 27 with husband or wife only, 1 with husband and son, 3 with unmarried child(ren) 1 with married daughter, son in law and grandchildren and 1 with a married brother and his wife Four lived in as boarders

2.4 LENGTH OF TIME LIVING IN GOSPORT

All those rehoused had lived in Gosport for at least 10 years 26 had lived in the area for at least 40 years, of whom 4 had been over 70 years in the town

3.0 PREVIOUS ACCOMMODATION

3.1 LENGTH OF TIME IN ACCOMMODATION PRIOR TO REHOUSING

Two people had been in their previous accommodation for less than a year, while 36 had lived in their previous dwelling for 10 years or more

3.2 TYPE OF DWELLING AND AMENITIES OF PREVIOUS ACCOMMODATION

(a) **Type of dwelling**

Forty-five of those rehoused had occupied a whole house, 3 were in flats, 4 had rooms in a house, and 3 had rooms over commercial premises.

(b) **Ownership/tenancy**

Table 2 shows the tenancy position of the households and persons immediately prior to rehousing.

TABLE 2

Tenancy of previous dwelling

Tenancy of previous dwelling	No. of people aged 60 and over	No. of households
Owner/occupier	6	4
L.A. tenant	21	18
Rented	21	17
Boarder	4	4
Rent free	3	3
All tenancies	55	46

Thus a high proportion of those rehoused were Local Authority tenants.

(c) **Sharing amenities**

One of the factors considered as a basis for rehousing is lack of, or sharing amenities, i.e. kitchen, bathroom, and w.c. The number of persons sharing amenities is shown in table 3.

TABLE 3

No. of persons with different types of tenancies sharing, or lacking, amenities

Ownership of previous dwelling	Having sole use of all amenities	Lacks/shares bathroom only	Lacks/shares w.c. and bath	Lacks/shares all three	No. of persons
Owner-occupier	5	1	—	—	6
L.A. tenant	18	1	1	1	21
Rented	6	9	2	4	21
Boarder	1	—	—	3	4
Rent free	2	—	—	1	3
All types of tenancy	32	11	3	9	55

A very high proportion of those who had been rehoused from L.A. property had sole use of all three amenities. The one sharing all three was a man living with his family. One man had no bath or w.c., and one woman no bath, but these were both old properties where the Local Authority had become the landlord under a Compulsory Purchase Order before rehousing.

Boarders could be expected to share amenities. 6 of those rehoused from privately rented accommodation shared a w.c. with another household; 2 were sharing, and 13 had no bathroom.

It would appear that Local Authority tenants and owner-occupiers were more likely to be rehoused if they were living in accommodation too big for their needs than would those with other types of tenancy, despite the evidence that they had better facilities than other tenants. This is shown in table 4.

TABLE 4

No. of rooms occupied by rehoused households with different types of tenancies

Type of tenancy	No. of rooms([1])							
	1 or 2		3		4		5 or more	
	h/ds	persons	h/ds	persons	h/ds	persons	h/ds	persons
Owner-occupier	—	—	—	—	1	2	3	4
L.A. tenant	—	—	3	3	8	9	7	9
Rented	4	4	1	2	4	5	8	10
Boarder	2*	2	1*	1	1*	1	—	—
Lived rent free	2	2	—	—	—	—	1	1
All types of tenancy	8	8	5	6	14	17	19	24

*Number of rooms includes shared rooms

([1]) Number of rooms excludes bathrooms, sculleries, etc. and kitchen unless it is big enough to eat in

Of the 21 persons rehoused from L.A. accommodation (18 households), 3 single person households had 3 rooms, 7 single person and one 2-person households had 4 rooms, and 5 single person and two 2-person households had 5 or more rooms.

Of those not previously L.A. tenants (34 persons, 28 households), 8 single person households had 1 or 2 rooms, 1 single and one 2-person household had 3 rooms, four 1-person and two 2-person households had 4 rooms, and 9 single and three 2-person households had 5 or more rooms.

Thus if the accommodation was too big for needs and the property was rented from the Local Authority, there was a greater chance of being rehoused than if it was owned or otherwise rented

4.0 ACCOMMODATION AFTER REHOUSING

4.1 *TYPE OF ACCOMMODATION*

Eleven of the 55 interviewed were in bed-sitters, the other 44 in 1-bedroom dwellings. 8 were in warden-supervised units, 6 single and 1 double units

4.2 HEATING AND WATER HEATING

Forty-three of those interviewed had solid fuel appliances provided in their [illegible]

13 who did not, 8 said that it was too expensive to use, 2 used other means of heating, and 3 said the main living room was not used most of the day in winter. The 8 people who said the appliance was too expensive (6 households) all had solid fuel fires.

4.3 SATISFACTION WITH DWELLING

Twenty-eight of the 55 people (about half) said they liked their accommodation. Others complained about the design of the flat (lack of cupboard space, size of kitchen, etc.), the difficulty or expense of heating due to draughts, cold and damp, the lack of repairs, and the siting of the dwellings (too far from town centre, lack of transport, etc.).

Many of these elderly people seem to have been moved quite a distance from their old homes. 12 of the 55 said it would take them over half an hour to go back to their old home, and another 17 between 15 and 29 minutes. It might appear that those who had moved a longer distance away from their former homes would be more dissatisfied with their new dwellings, but there is no evidence of this. Indeed, of the 6 people who did not like the neighbourhood, 5 had moved a distance with a journey time of less than 15 minutes.

Since most of those rehoused had been living at their previous address for over 10 years (36 out of 55, 13 of whom had been 20 years or over at their last address), we considered whether this might have contributed to dissatisfaction with the dwelling. However, we found that a higher proportion of those who had lived at their previous address for 5-9 years were dissatisfied than those who had lived at their previous address for a shorter or longer period.

5.0 REASONS FOR MOVE

Thirty-three of those rehoused wanted to move, 21 had to move, and 1 both had and wanted to move.

The reasons given for moving are shown in table 5:

TABLE 5
Reasons for moving

Reasons for moving	Had to move	Wanted to move
Slum clearance	11	—
Health	4	8
Finance	3	1
Pressure from family	2	2
Wanted smaller/more convenient dwelling	—	13
In prefab—wanted warmer dwelling	—	3
Wanted place of own	—	3
Insanitary conditions	—	3
Disliked neighbours	—	1
Given notice to quit	1	—
Retired from tied accommodation	1	—
All reasons	22	34

Three of the 22 saying they had to move were L.A. tenants, this move being due to redevelopment. Of the 13 who wanted to move to smaller dwellings, 11 were already L.A. tenants. Unless it can be shown that a much higher proportion of old persons in L.A. dwellings are occupying accommodation too big for their needs compared with other tenants, then this stated basis of considering older tenants living in too large accommodation for rehousing would appear to favour those already occupying Council property.

6 0 LENGTH OF TIME ON WAITING LIST

The length of time people rehoused in the last 5 years had been on the waiting list before being rehoused is shown in table 6

Table 6

Length of time on waiting list before being rehoused

Length of time	Had to move	Wanted to move	All persons
Never	8	3	11
Less than one month	—	2	2
1 month but less than 3 months	1	3	4
3 months but less than 6 months	2	4	6
6 months but less than 1 year	1	8	9
1 year but less than 2 years	5	3	8
2 years but less than 5 years	3	6	9
5 years or more	2	4	6
All persons	22	33	55

It would appear that while a higher proportion of those who had to move were never on the waiting list the proportion of people who were on the list for less than a year before being rehoused was higher for those who wanted to move than for those who had to move

Since it has been shown that a higher proportion of those wanting to move were already L A tenants it might be worth comparing the length of time L A tenants had to wait for rehousing with other applicants (table 7)

Table 7

Length of time L.A tenants waited for rehousing compared with other applicants

How long on waiting list	L A	Non L.A	All rehoused
Never	5	6	11
Less than 1 year	13	8	21
1 year or more	3	20	23
Total	21	34	55

It would appear that L A tenants were considered as more urgently in need of rehousing than other applicants The original data show that 12 of the 21 ex Local Authority tenants have been rehoused during the last 2 years compared with 10 of the 34 other tenants which indicates that a high proportion of old people s dwellings allocated as a result of exchanges between Local Authority housing has become more prevalent over the last two years and seems to be continuing in that direction—(see page 28—future housing)

As far as can be seen from the limited information collected on this schedule those rehoused from Local Authority accommodation were compared to the rest of the rehoused similar as regards age structure and ability to go out at the time of rehousing

7.0 WARDEN-SUPERVISED ACCOMMODATION

Before leaving rehousing policy, it might be worth while to examine the ways in which those rehoused in warden-supervised accommodation differ from those in ordinary old people's housing.

The numbers are very small (8 in warden dwellings, 47 in other), but big differences would show on these small numbers. For example, it is clear that those rehoused in warden accommodation are comparatively older than the others. While 3 of the 8 in these dwellings are 80 or over, only 4 of the 47 in other old people's dwellings are in this age group. Similarly only 2 of the 8 are under 70 years old, compared with 34 of the 47.

None of the Local Authority ex-tenants in our sample were rehoused in warden accommodation, and 6 of the 8 had been living alone, the other 2 being a married couple.

On the whole, those rehoused in warden accommodation had had to wait longer to be rehoused, but this could have been because the Local Authority tenants spent a shorter time on the waiting list.

Since health was not one of the main factors taken into account by the Housing Committee, questions about the health of those rehoused were not asked directly in this survey. If, however, we consider those at present permanently housebound (there were no bedfast in this sample), and consider for how long they had been housebound and when they were rehoused, we can assume that none of those in our sample were housebound at the time of being allotted a warden dwelling, while 3 of the other 47 were housebound at the time of rehousing.

Similarly, none of the warden residents had a home help before rehousing (one now has a home help), while 3 of the others *did* have a home help before rehousing. (4 now have them, making a total of 5 of the rehoused sample with home help.)

It would appear that those who were under the age of 70, working, or were rehoused from Local Authority dwellings were less likely to be considered for warden-supervised accommodation, but there is no evidence from this survey that those given warden accommodation were less able to look after themselves than some of the others.

8.0 OTHER WELFARE SERVICES

It might be of some interest to consider other welfare services obtained by those now rehoused. 5 have home helps, three of whom had them before being rehoused. Similarly 3 have meals-on-wheels delivered, none of whom had them before rehousing. Two go to a welfare chiropodist (1 before rehousing). No one at present is being visited by the Health Visitor, although one man, now in warden-supervised accommodation, was visited before he moved.

It would appear that being rehoused leads to some slight extension of the use of other welfare services such as home helps and meals-on-wheels, this latter being more likely to affect those rehoused in warden-supervised dwellings.

10.0 ASSESSMENT OF HOUSING NEEDS ON LOCAL AUTHORITY CRITERIA FOR REHOUSING

There were three main criteria for rehousing:—

1. The applicant must have lived in Gosport for 10 years or more.

2. The applicant was living in a dwelling too large for his needs
3 The applicant was sharing or did not have a w c, kitchen or bath

The 606 older people in our general sample were first sorted by length of time living in Gosport 87 of the 606 in the sample had lived in Gosport under 10 years These were discarded, together with 4 for whom we had no information as to how long they had lived in Gosport.

The 515 cards were then sorted by type of tenancy, resulting in a total of 98 *Local Authority tenants and 417 either owning or having some other* tenancy, and each of these groups re sorted by number of persons in the household Each size household was then classified according to the number of rooms The results are shown in table 8

Table 8

Number of rooms occupied by L.A and other tenants in different size households

Number of persons in household	Type of Tenancy										
	L.A. tenants					Other tenants					
	Number of rooms					Number of rooms					
	1 or 2	3	4	5	6 or more	1 or 2	3	4	5	6	7 or more
1	4	14	6	2	—	6	11	19	64	—	—
2	11	16	10	6	—	5	11	50	187	—	—
3	—	—	8	8	—	—	—	5	34	—	—
4	—	—	1	4	6	—	—	1	5	8	—
5 or more	—	—	—	2	—	—	—	1	8	—	2
All size households	15	30	25	22	6	11	22	76	298	8	2

The Housing Authorities regard a dwelling as 'too big' if, say, there is a bedroom not in use, etc. It was agreed that it would be fair to assume that where the number of rooms occupied does not exceed the number of persons in the household by more than one there would be little reason for rehousing on the grounds that the dwelling was too big for the needs of the household From table 8 it can be seen that there are 88 people in that position, 46 in L.A and 42 in other dwellings

These people could only qualify under Gosport's criteria if they are sharing or lacking amenities Table 9 examines this

Table 9

L.A and other tenants assumed to be in accommodation not too big for needs who have sole use of w c., kitchen and bath

No of persons in household	Type of tenancy					
	L A		Others		All tenancies	
	Sole use of amenities		Sole use of amenities		Sole use of amenities	
	Yes	No	Yes	No	Yes	No
1	2	2	1	5	3	7
2	25	2	9	7	34	9
3	8	—	4	1	12	1
4	5	—	6	—	11	—
5 or more	2	—	7	2	9	2
All size households	42	4	27	15	69	19

Thus 19 of the people in the sample aged 60 and over were living in accommodation which while of suitable size, lacked sole use of one or more of the amenities, i.e., w.c., kitchen or bath. Only 4 of these 19 were already Local Authority tenants.

It can therefore be estimated that in Gosport 330 people aged 60 and over who have lived in Gosport for 10 years are living in accommodation which, while not too big for their needs, does not provide sole use of amenities, i.e., kitchen, w.c., and bath.

Estimated no. of units of housing needed for rehousing those living in Gosport for 10 years or more in dwellings of suitable size, but lacking sole use of amenities

	Sample	*Gosport*
	606 persons aged 60 or over	10,500 persons aged 60 or over (Census 1966)
Single units	7	120
Double units	6	105
Larger units	2	35
		260 units

10.1 THOSE IN DWELLINGS ASSUMED TO BE TOO BIG FOR NEEDS

The number of people involved in this section is 52 living in L.A. dwellings, and 375 with other types of tenancy, a total of 427 persons aged 60 and over.

Table 10

No. of people in L.A. and other dwellings who are living in accommodation apparently too large for their needs

Size of household	Type of tenancy		
	L.A.	Other	All types
1	22	94	116
2	16	237	253
3	8	34	42
4	6	8	14
5 or more	—	2	2
All sizes	52	375	427

Thus, 427 persons aged 60 and over who have lived in Gosport for 10 years are living in accommodation assumed to be too big for their needs. It can therefore be estimated that 7,400 old people in Gosport, i.e., 70% of the population 60 and over, live in dwellings too big for their needs.

Thus, combining this estimate with that of people lacking sole use of amenities the following accommodation is estimated to be needed to rehouse those 60 and over who have lived in Gosport for 10 years and who are either lacking sole use of amenities or living in accommodation considered to be too big for their needs.

	Estimated need of sample	Estimated need of population
Single units	127	2,200
Double units	150	2,600
Larger units	55	950
		5,750 dwellings

Let us now consider this basic estimate of those who, according to the criteria adopted by the Housing Committee, qualify for rehousing, by whether there is likely to be a demand for rehousing—i e, whether the occupants *want* to move.

The data show that of the 19 people living in dwellings not too big but who lack sole use of amenities, only 5 want to move, which would mean a demand of 2 single units, 1 double unit, 1 larger unit

Table 11 shows the proportions in L A and other dwellings considered to be too big for their needs who want to move

Table 11

No of people in L.A and other dwellings who are living in accommodation apparently too large for their needs and want to move

Size of household	Type of tenancy					
	L.A		Other		All types	
	Want to move Yes	No	*Want to move* Yes	No	*Want to move* Yes	No
1	4	18	17	77	21	95
2	5	11	48	189	53	200
3	4	4	8	26	12	30
4	1	5	—	8	1	13
5 or more	—	—	—	2	—	2
All sizes	14	38	73	302	87	340

Thus, 87 persons aged 60 and over in the sample are living in accommoda tion assumed to be too big for their needs, and want to move A higher pro portion of L A tenants want to move than do those owning or renting privately

By examining the household composition of these old persons wanting to move, the following accommodation would appear to be required to accommo date them

Twenty four single units—covering 21 persons at present living alone 4 in L A and 17 in other dwellings, and 2 persons each living with non relatives whom it is assumed will not form part of the new household, and one woman, aged 65, who lived in son's bungalow, but he was getting married and wanted her to go

Twenty six double units for husband and wife households 2 in L A and 24 in other dwellings

Two double units for 2 persons both mother and daughter, 1 in L A and 1 in other accommodation [2 old people, 1 living with son and 1 with daughter, would appear to qualify, and wanted to move, but not to Council accommodation, so have been excluded]

Seven 2 bedroom units for married couples and unmarried children

One 2 bedroom unit for old person plus married child (no grandchildren)

One larger dwelling (1 old person plus 3 unmarried children)

No account has been taken of rehousing due to slum clearance or redevelopment. It could be argued that those living in houses too big coming under slum clearance would be included in the estimate as lacking amenities But those *not* having too big accommodation due for demolition would increase the estimate Similarly any redevelopment schemes not involving slum property would increase the demand for housing

There is no way at this stage of measuring the possible error, but on the evidence of our interviewing a random sample of people 60 and over, we have arrived at a 'most likely' estimate

10 3 G PS ' OPINION ON HOUSING NEED

It may be of some interest to know what G Ps. in Gosport think about the housing situation as it affects old people Twenty seven of the 30 G P s in Gosport co operated in our inquiry

They felt that people *65 and over* should be rehoused in the following circumstances

	No of mentions
[illegible]	11
[illegible]	11
[illegible]	8
[illegible]	7
[illegible]	4
L[illegible]	5
Unsuitable social environment (noisy)	2
Need some care (warden accommodation)	9

Twelve of the 23 doctors who had patients they thought would benefit from rehousing had actually supported applications for rehousing without success 8 of these 12 thought this was because there was just not enough accommodation available 5 mentioned that their support for applications was a mere formality in that the Housing Committee attached no weight to their support except in rare cases such as T B

Twenty three of the 27 doctors said that some of their patients would benefit from rehousing 1 said he could not estimate the number of dwellings the others estimated the dwellings needed as follows

	Single units	Double units
Flatlets with warden care	56	12
Other purpose-built accommodation min.	52	54
	108	66

If we assume the doctors who did not answer the question had similar proportions of their old people who could be assessed as having need for rehousing in L.A dwellings the total need assessed by G Ps would be 124 single and 76 double units a total of 200 units.

Asked if they had any suggestions as to ways of improving old people's housing 12 doctors said that more purpose built dwellings should be erected by the Council including a high proportion of warden supervised dwellings and more one bedroom flats.

As far as L A old people's dwellings were concerned 6 said t co be improved if there were no stairs to negotiate, or lifts (About 40% of the present old people's flats are on th

Again, combining this estimate with that of people who have lived in Gosport for 10 years, who lack sole use of amenities and want to move, the following accommodation is estimated to be needed to rehouse those 60 and over who are either lacking sole use of amenities or living in accommodation considered to be too big for their needs, and wanting to move:

	Estimated need of sample	Estimated need of population
Single units	26	450
Double units	29	500
Larger units	10	170
		1,120

It might be worth reconsidering this estimate to assess the degree of priority, i.e., to consider the numbers who qualify under both criteria, i.e., both too big and not having the sole use of the 3 amenities.

This would result in the following estimated demand in the sample:

Eleven single units (2 from L.A., 9 from other dwellings) (11 persons); 8 double units (husband and wife) (14 persons); 1 double unit (mother and daughter) (1 person); and, grossing for the whole population:

190	single units
160	double units
350	units

Most of the single and all double units would involve moving people not already Council tenants.

10.2 DEFICIENCIES OF THE ESTIMATE

When considering the estimated need, it must be remembered that this estimate is based on interviewing a sample of people aged 60 and over. This estimate is therefore based only on the data collected, and is a 'most likely' estimate.

Apart from the error which may be present in all samples, there are other factors which might affect the absolute figure. For example, one factor used was whether or not the elderly person wanted to move. It well could be that someone saying 'No' instinctively, might, if shown a more attractive residence, or have the advantage of moving stressed, be perfectly willing to move—which would increase the estimate. On the other hand, someone who says she wants to move, may, when faced with the decisions of disposing of furniture, etc., or leaving the area in which she grew up, easily change her mind—which would decrease the estimate.

Then again, we know that some people may want to move, but not to Council accommodation. Where this has been stated spontaneously, the estimate has been adjusted, but the specific question as to whether or not they wanted, or would be prepared, to move to Council-owned property was overlooked, so here again the estimate may be too large.

No account has been taken of rehousing due to slum clearance or redevelopment. It could be argued that those living in houses too big coming under slum clearance would be included in the estimate as lacking amenities. But those *not* having too big accommodation due for demolition would increase the estimate Similarly any redevelopment schemes not involving slum property would increase the demand for housing.

There is no way at this stage of measuring the possible error, but on the evidence of our interviewing a random sample of people 60 and over, we have arrived at a 'most likely' estimate.

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[illegible]	8
[illegible]	7
[illegible]	4
[illegible]	5
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Need some care (warden accommodation)	9

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Asked if they had any suggestions as to ways of improving old people's housing, 12 doctors said that more purpose built dwellings should be erected by the Council, including a high proportion of warden supervised dwellings and more one bedroom flats.

As far as L.A. old people's dwellings were concerned 6 said they could be improved if there were no stairs to negotiate, or lifts could be installed (About 40% of the present old people s flats are on the first floor) One

doctor suggested there should be no shared w.c.s and bath, and another suggested smaller draught-free rooms. One doctor was concerned that the dwellings should be situated near a bus route, and another that, to avoid the need for gardening, the dwellings should be built as a close, with a lawn and flowerbeds maintained by the Council.

Other suggestions were more L.A. help in improving present accommodation of old people by fitting houses with indoor w.c.s, electric heating, and safety measures such as handgrips in baths and w.c.s, non-slip flooring, low baths or showers, and 'safe' furniture.

One doctor suggested that old people living in owner-occupied accommodation should be rehoused, when necessary, in L.A. dwellings.

Many of the doctors, while wanting improvements, did comment on how good the L.A. was in providing housing for older people, and how much effort was made by the Housing Department to meet the need.

10.4 WAITING LIST

A sample of names and addresses of people thought or known to be over 60 were selected at random from the waiting list, the interviewers being instructed to interview this named person only. Here again, there were a number of application forms which were not completed for age; where these came up in the sample they were included on the sample list, and excluded if the household was then found to comprise only people under 60.

There were 44 eligible addresses (i.e. inhabited by households of which at least one member was 60 or over). 8 addresses were rejected for the following reasons:—

Two—old person had died (1 in November 1964, the other February 1965).

Two—house was empty.

Two—family who had recently moved in knew nothing of old person.

One—informant said had removed name from list as no longer needed rehousing.

One—informant said had made own arrangements to go to Chelsea Hospital (Pensioners).

The remaining 36 names were of people aged 60 and over. One person refused the interview, one was visiting her daughter in Canada until June, and 34 were interviewed.

The 34 households contacted thus, contained 45 people of 60 and over who wanted rehousing, plus an additional 4 people under 60 who would wish to move with their older spouses.

Age and sex

These 49 people consisted of 15 men and 34 women in the following age groups:—

Age	No. of persons in waiting list sample		Age at rehousing of those in rehoused sample	
Under 60	4		6	
60–64	10		22	
65–69	13	35	11	27
70–74	12		7	
75–79	8		6	
80 and over	2		3	
	49		55	

It will be seen that the waiting list contains a much higher proportion (71%) *of people aged 65 and over than the list of those rehoused (49%), but we have* already commented on the high proportion of younger old people rehoused

Household size and composition

Fifteen of the 34 households were women living alone 17 of those interviewed lived with one other person, 1 each with 2 and 3 other people, and 2 with 4 others

The household composition is shown in table 12

TABLE 12

Household composition of people 60 and over on waiting list

Household composition	No of people 60 or over wanting rehousing	No of households
One person only, aged 60 or over	15	15
Married couple alone	22(1)	13
Old person+elderly non relative(s)	2	2
Old person+younger non relative(s)	2	2
Couple+child	2	1
Couple+non relatives	2	1
All households	45	34

(1) This excludes 4 under 60s who would need rehousing if over 60 spouse were rehoused

Length of time lived in Gosport

Despite the fact that people must have lived in Gosport for 10 years before they can be rehoused, 5 of the 34 in our sample on the waiting list had lived in Gosport for less than 10 years

Length of time on waiting list

Thirty-two of the 34 people answered the question 'For how long have you been on the waiting list?' 2 had been on for less than a year, 7 between 1 and 2 years 12 between 2 and 5 years, and 11 for 5 years or more

Type of tenancy

Five of the 34 either owned or held their tenancy on lease paying ground rent only, 3 were boarders, and 1 lived rent free Only 2 of our sample on the waiting list were Local Authority tenants the rest renting from private landlords

Since it has been shown that L A tenants are given priority in rehousing it may be of some interest to look at these cases more closely

1 One is a lady aged 69, who is living as a subtenant, paying rent direct to the Council where the main tenant is her daughter Her daughter, son in law and 3 grandchildren aged 21, 18 and 12 live in the same house but she has a room of her own, does her own cooking, has a home help to do the housework twice a week (a total of 3 hours) but her daughter does most of her shopping She says she has no difficulty in going out getting about the house or washing and dressing herself, but some difficulty going up and down stairs

She wants to move because the house is overcrowded, and wants a home 'on a level because I have a bad heart and arthritis'.

She has been on the waiting list for 2 years.

2. The other is a woman of 73 living alone. She had a thrombosis in her leg, cannot go out on her own and is therefore housebound except for the times her daughter is able to take her out. Her daughter is working full-time, but does most of her cooking, shopping and housework. She has difficulty with stairs, getting about the house, personal toilet, etc. The doctor calls on her once a month, but she has no welfare services. She is quite satisfied with her way of living, but says 'if things go on like this, I'll have to have a home help'.

   She never uses her bedroom to sleep in as it is too cold. She would appear to live in her kitchen, and sleep in the living room, which has electric under-floor heating.

   The flat she occupies has either 3 rooms, or 2 rooms and a kitchen big enough to eat in.

Size of dwelling in relation to number of people in household

Table 13 shows the number of people in households considered to be too big for their needs, i.e. households where the number of rooms (excluding bathroom and kitchen unless it is big enough to eat in) exceeds the number of people by two or more.

TABLE 13

No. of people in households in dwellings considered to be too big for their needs

No. of people in household	Households living in dwelling considered Too big	Not too big	All sizes
1	10	5	15
2	11	4	15
3	—	1	1
4	—	1	1
5	—	2	2
All sizes of household	21	13	34

Of those where dwelling was not too big, 6 households had sole use of three amenities (kitchen, w.c., and bathroom). The length of time the 16 elderly

TABLE 14

Length of time on waiting list of households whose dwelling was not considered to be too big

Length of time on waiting list	Sole use of three amenities? Yes		No		All living in dwellings not too big	
	H/ds.	Persons	H/ds.	Persons	H/ds.	Persons 60 or over
1 year but less than 2 years	2	3	2	2	4	5
2 years „ „ „ 5 „	—	—	3	3	3	3
5 „ or more	3	5	2	2	5	7
No answer	1	1	—	—	1	1
All lengths of time	6	9	7	7	13	16

people in these households have been on the waiting list is shown in table 14

Where the house is not considered too big for their needs households not having the sole use of amenities would, it would seem be more likely to be rehoused within 5 years than those with sole use of amenities

Table 15 shows the length of time on waiting list of those in dwellings considered to be too big

TABLE 15

Length of time on waiting list of households in dwellings considered to be too big

Length of time on waiting list	Dwelling too big and Having sole use of amenities	Not having sole use of amenities	All in dwellings too big
6–11 months	2	—	2
1 year but less than 2 years	2	1	3
2 years " " " 5 "	5	4	9
5 years or more	3	3	6
No answer	1	—	1
All persons	13	8	21

Where the accommodation *is* considered too big for needs there is no evidence that not having the sole use of kitchen bath and w c leads to a shorter time on the waiting list

Usefulness of the waiting list sample

It had been assumed that the waiting list contained the names of people who were waiting for accommodation to become available and would then be rehoused

In originally planning the survey, no limit was set on how long ago the old person was rehoused It was thought since we were asking questions relating to accommodation before being rehoused, that difficulty with regard to memory might arise and it was decided to interview a sample of those on the waiting list to obtain up to date data

However, it is clear that the waiting list sample contains the names of those who want to live in L A old people's accommodation rather than those who are likely to be rehoused

The information from this sample has merely served to underline the general policy of the Gosport Authority in that its rehousing programme for old people is directed towards satisfying the general housing demand by those needing larger dwellings rather than improving the conditions of badly housed old people

III RESIDENTIAL HOMES

1 0

The subject of the numbers of Gosport people in Residential Homes is somewhat complicated by virtue of the existence of Northcott House, which is a Residential Home for the Aged administered by the God's Port Housing

House, unless there was something like a 'flu epidemic, such as occurred in 1963, when 15 places at Northcott became vacant in a fortnight

Asked if anyone at present in Part III would be able to live in their own homes, the Welfare Officer pointed out that when they were admitted they all needed care Some had improved due to the attention they had received in the Home, *and while it might appear they were now able to care for them* selves, they would be likely to deteriorate if they left residential accom modation

2 0 THOSE IN RESIDENTIAL HOMES THE SAMPLE

A sample of 50 residents was selected at random from the lists supplied by the Secretary of the God's Port Housing Society Ltd, (for Northcott House) and the County Admissions Officer Interviews were achieved as follows

	Sample Set	*Interviewed*
Northcott House	24	23 + 1 proxy
Pier House	16	12
Uplands (Fareham)	4	4
Corhampton House	2	2
Kitnocks (Curdridge)	3	3
Morton House (Kingsworthy, nr Winchester)	1	1

The person not interviewed at Northcott House was a special case of a woman of 84 who had to be admitted to the Home having been found wandering She was mentally confused Some information of her present condition was supplied by Matron, and accepted

The 4 not interviewed at Pier House included 2 men whom the interviewer, on seeing them, decided were too confused to give reliable information, 1 *woman whom Matron said was too ill to be seen* and another woman aged 90 who had her leg in plaster and could not walk to the room allocated for interview

It emerged in the course of interview that 2 of those interviewed at North *cott House were not in fact the responsibility of the County, and they have been excluded from the analysis which now covers those regarded as being in* residential accommodation, i e 44 people

2 1 SEX, MARITAL STATUS AND PRESENT AGE

There were 8 men and 36 women in our sample, 9 of whom were single 33 widowed, and 2 married Their present ages ranged from one of 61 to one of 97, 19 being aged between 80 and 84—see table 1

TABLE 1·

Ages of men and women in residential accommodation

Age group	Men No	Women No	All No
60–64	—	1	1
65–69	—	1	1
70–74	1	5	6
75–79	1	3	4
80–84	6	13	19
85–89	—	9	9
90 or over	—	4	4
All ages	8	36	44

3.2 MOBILITY PRECEDING ADMISSION

Thirty-five of the 44 residents said they were usually able to get out and about, 32 of them without any difficulty. 3 of those who said they could usually get out and about were temporarily housebound at time of admission. 8 were housebound permanently before admission, 1 of them being temporarily bed-fast at the time of admission. A comparison with people aged 65 and over living in their own homes in Gosport shows that a higher proportion of those admitted to Homes were housebound, or able to go out only with difficulty.

3.3 HOW RESIDENTS MANAGED COOKING, SHOPPING AND HOUSEWORK PRECEDING ADMISSION

Table 4 shows who was mainly responsible for household duties where the informant lived at home prior to admission.

TABLE 4

Who did most cooking, shopping and housework preceding admission (where admission was from home)

Person who did most	Cooking No.	Shopping No.	Housework No.
Self (no difficulty)	16	16	17
,, (with difficulty)	2	—	2
Child (in law) in household	7	6	6
,, ,, not in household	—	—	—
Other relative in household	4	4	3
,, ,, not in household	1	3	2
Other person in household	1	1	—
Friend/neighbour not in household	—	2	1
Home help	2	4	5
Ate most meals out	2	—	—
Meals sent in by Matron of Northcott House	1	—	—
All people going straight from home	36	36	36

Comparing the proportions who were admitted with other elderly people both 65 or over and 70 or over in Gosport, we find that similar proportions of all samples did most of their own cooking, shopping and housework without difficulty. The big difference as far as housekeeping was concerned is that for those who remain at home, a high proportion of the 3 tasks were carried out by the spouse (30% for those 65 or over, 20% for those 70 or over), and of those now in Homes a high proportion depended for housekeeping on the children with whom they were living.

3.4 GENERAL MOBILITY AND CAPACITY FOR SELF-CARE

The general mobility and capacity for self-care of residents before going into a Home is compared with that of all older people in Gosport in table 5.

TABLE 5

General mobility and capacity for self-care of residents before going into a Home compared with older people living 'at home'

Activity	% having difficulty			
	Residents immediately before admission	People living in own home aged		
		65 and over	70 and over	75 and over
Going out of doors	34	17	22	26
Going up and down stairs	43	31	35	38
Getting about the house	16	6	9	10
Getting in and out of bed	16	7	9	10
Washing/bathing	27	12	15	18
Dressing	14	6	8	18
Cutting toenails	45	27	33	37
No on which % based	44	446	290	156

It would seem, therefore that a higher proportion of those admitted to Residential Homes were less able to get about the house, go up and down stairs, get in and out of bed, and wash and dress themselves without difficulty than those remaining at home, even when compared with those aged 75 and over living at home

3 5 WELFARE SERVICES

Ten of these 36 residents had a home help but only 1 had meals on wheels 7 used the chiropody service The District Nurse had been calling on 8 of them, and the Health Visitor on 3 None of the residents in the sample had all of these services The combinations are listed below

	No of residents
Home help, meals-on wheels, chiropody, District Nurse	1
,, *chiropody*	1
,, District Nurse, Health Visitor	2
,, Health Visitor	1
Home help only	5
Chiropody only	5
District Nurse only	5
No service at all	16
	36

3 6 REASONS FOR ADMISSION

Twenty nine of the informants in the sample wanted to become residents 9 did not want to, and 6 said they had no alternative 10 of those who wanted to go into a Home thought they would be better looked after and fed, and needed a rest 7 said they did not want to be a burden on their children or other relatives, and 2 had trouble with children with whom they were living and wanted to move out 4 wanted to go into a Home for companionhip and 3 had nowhere else to go In 3 cases no reason was given

Of those who had not wanted to become residents, 5 realised they *had* to go as they needed care, 1 did not want to be a burden to her child and another had had trouble with her family 2 said they had nowhere else to go

In 14 cases, the informants themselves first had the idea that they would like to go into a Home (7 of these in Northcott House, 7 in County Homes). In 14 cases a doctor, and in 8 the Welfare Officer, first suggested they ought to go. In only 3 cases did the idea originate with children or relatives.

Asked if, when they first went to a Home, it was for a trial period, so that if they did not like it they could return home, 3 of the 44 residents could not remember, 5 of the other 41 had been admitted for a trial period.

4.0 PRESENT ABILITY TO LOOK AFTER ONESELF

It has been suggested that a number of people in Residential Homes could be cared for in their own homes with supportive services. It has also been argued that some people in Residential Homes improve owing to the care they are being given at the Home, but would deteriorate if they again returned to their own homes, despite supportive services. Let us consider these two points. Firstly, how far are the present residents able to get about? Table 6 shows the mobility of residents in the sample before they went into a Home, and at the time of interview.

TABLE 6

Mobility before going into a Home compared with present mobility

Before going into Home	Present position			All in Homes (Previous position)
	Permanently housebound	Temporarily housebound usually goes out	Usually goes out	
Permanently housebound	5	2	1	8
Temporarily housebound usually goes out	—	2	1	3
Usually goes out	10	2	21	33
All in Homes (Present position)	15	6	23	44

Of the 8 persons who were permanently housebound at the time they were admitted, 3 were now usually able to get out, while 10 of the 33 who could get out and about at admission were now permanently housebound. As far as this factor is concerned, therefore, 3 of the 44 had shown some improvement, 31 had remained in the same condition, and 10 had deteriorated.

TABLE 7

Comparison of difficulty with mobility and self-care before entering a Home, and at time of interview

Activity	No difficulty before		Difficulty before		All residents
	No difficulty now	Difficulty now	Difficulty now	No difficulty now	
Going out of doors	17	12	14	1	44
Going up and down stairs	16	9	17	2	44
Getting about house	33	4	3	4	44
Getting in and out of bed	37	—	2	5	44
Washing/bathing	22	10	9	3	44
Dressing	33	5	4	2	44

Not only can fewer of these elderly people get out and about, but fewer can do so without difficulty, as is shown in table 7

Of the 29 people who had no difficulty in going out of doors before they went into a Home, 12 now had some difficulty, while only one of the 15 who had difficulty, now had no difficulty

Similarly, 9 of the 25 who had no difficulty *with stairs now had difficulty* while only 2 of the 19 who had found stairs difficult now managed them without difficulty

Four people could now get about the house without difficulty who had had difficulty before, but this may be due to the fact that the 'house' is more convenient, or has more aids to easy movement, ramps instead of stairs, handrails, etc.

There is little evidence from this sample that any significant number of elderly people improve so much in a Home that they could manage better than they had before they entered

Nor is there any evidence that a high proportion of those in Homes would prefer to be living in a home of their own as will be seen from the following section

5 0 PRESENT OPINION OF LIVING IN A RESIDENTIAL HOME

Forty of the 44 residents said they liked living in their Home *The comments* ranged between acceptance (Yes, it's quite nice) through approval (Matron does everything to make you happy) to acclamation (It's a little bit of Paradise)

One woman did not like the other people in the Home, one did not like the Home she was in because it was too far away from her relatives, and one was unhappy because she was losing her eyesight, and might well have been equally unhappy in a home of her own The lady previously mentioned who was *separated from her husband, while liking the Home, wanted to* be back with him in a home of her own

Some of those who liked living in the Home nevertheless missed things they liked in their own homes, such as being able to make a cup of tea when they liked, or missing visits from relatives or children One or two missed doing their own shopping and the stimulation of shops and other people

Twenty five of the 44 residents interviewed said there was nothing they missed All the residents who had previously been in hospital or another

TABLE 8

Time taken to get from Home to previous place of residence

Time taken to get from Home to previous place of residence	No of people
Less than 15 minutes	11
15-29 minutes	6
30-44 ,	14
45-59 ,	2
60-89 ,,	6
90 minutes or more	2
No answer	3
All residents	44

Home, liked their present Home. Equal proportions of those who had lived alone liked the Home compared with those who had lived with others.

Some of the residents were in a Home some distance from their old homes, as is shown in table 8.

The number in the sample is too small for us to investigate whether the distance moved was a factor in making people dissatisfied with a Home, but it should be noted that while 10 of the 17 moving less than 30 minutes, and 7 of the 14 moving between 30-44 minutes away said they missed nothing, 7 of the 10 who had moved distances involving a journey of 45 minutes or more said they missed things, particularly visits from friends and relatives, and the stimulation of people and shops.

Similarly, the numbers are too small to get any reliable information on whether those who lived alone were more satisfied than those who had lived in a family, but the indications are that there is little difference between these two groups as far as liking the Home, or missing things are concerned. Asked if they thought it was best for them to stay in the Home, or if it would be better if they had a home of their own, 42 of the 44 thought it would be best to stay. The two who wanted a home of their own are detailed below.

(1) The lady separated from her husband, who could not return home due to bad housing—previously mentioned.

(2) A widow of 71, who came to a Home after being in hospital as a result of a fall in the street which impaired her speech. Her daughter would not have her to live with her, and sold all her things. She would like a home of her own which she could keep clean and please herself, and where she would not have to share a bedroom. She can get out and about and round the house, and wash and dress without difficulty. The doctor advised her to go to a Home, as with her speech affected, she might not be able to make herself understood in shops, etc.

If this lady were to leave the Home, she would need rehousing and the services of a home help, and help to furnish the house.

It may be of some interest to note that 4 of the 44 residents, if they did want to set up home again, would have or could get sufficient furniture to fit out their new home.

6.0 HOW MANY EXTRA RESIDENTIAL PLACES ARE NEEDED FOR ELDERLY PEOPLE IN GOSPORT

Let me start by saying that as far as this pilot survey is concerned, it is impossible to estimate with any accuracy the number of extra places needed for elderly people in Gosport who are in need of care and attention.[1]

In the first place, as in all other areas, there is no hard and fast definition of 'in need of care and attention', although the Ministry of Health circular on the care of the aged does define who should be in Homes and who in hospital. The thing that is clear is that if elderly people *really* need a good deal of care and attention they are considered unsuitable for admittance into a Home although those becoming more incapable during their residence retain their places in a Home. The application form contains as many questions designed to show that the applicant does not need assistance with toilet, getting about

[1] The schedule has been amended in the other eight areas.

the house on their own, etc , or nursing as to why they might be in need of care and attention

What we do know is, compared with people in the same age groups, a higher proportion of those who are single or widowed go into Part III, not because more of them are unable to do the household tasks (including shopping and cooking) without difficulty, but because where they cannot manage these tasks they have to rely on children or neighbours to do them while the married old people rely more on their marriage-partners

A much higher proportion of elderly people admitted into Homes did not have the sole use of kitchen, bath and w c , or had outdoor w c s in their previous accommodation, than the elderly people still living in their own homes Since the lack of amenities is considered by the Gosport Housing Authorities to justify rehousing, provided they have lived in the area for 10 years, those with this housing deficiency have been included in the numbers of people requiring rehousing Similarly, those not able to do their own house keeping without difficulty have been included in the estimate of those needing home helps or meals on wheels

It is difficult to see why an elderly person who is able to get about the house, wash and dress herself, go to the toilet, etc., could not be as well accommodated in a warden supervised dwelling, which has the amenities of at least background central heating indoor w c and personal washing facilities, etc., supported by a daily (if necessary) meals on wheels service, and an adequate home help service There are two possible reasons I can think of

(a) The elderly person would benefit from the social life of a Home, and
(b) There may be some, particularly where there is a very low income, who find the effort of arranging their day to day living too exhausting and give up [1]

6 1 RESIDENTIAL WAITING LIST

Let us consider those who are on the residential waiting list Of the 21 people we interviewed, 14 were living alone 20 were women, 16 of whom were widows, and 4 single Half of them had a total income of less than £5 a week, another quarter having an income of between £5 and £6 a week 15 of the 21 were usually able to get out and about, but 2 did so only with difficulty

Of the 21 people on the residential waiting list, 16 wanted to move, 10 into an Old People's Home and 6 into other accommodation 13 of these 16 had applied to the Council for rehousing, whereas in the general population only 15% wanted to move, of whom less than 40% had applied for rehousing

Ten of the 21 did most of their own cooking and shopping, one of whom did so only with difficulty 7 of the 21 had home helps, 3 having a home help for 5 or 6 days a week The other 4 had the service for 3 or fewer days a week 3 of them had meals on-wheels delivered

Let us consider the people who have supportive services, and still appear to need residential accommodation

1 Widow of 68, living alone in two rooms, her income being solely from National Assistance She usually gets out and about, but has had a stroke so although she does her own cooking without difficulty, she has difficulty with shopping and housework, as she cannot carry heavy bags

[1] It would be interesting to compare the living standards (including variations of diet) of those in Homes and those living on small incomes at home

or do the heavier household jobs. The home help comes twice a week, stays about 1½ hours each visit, and she has meals-on-wheels twice a week. She has no other welfare services. She has her own kitchen, but shares bathroom and indoor w.c. with 'landlady'. There appears to be some ill feeling between the two women, as she says the landlady is always asking little things, like when she goes out 'Have you turned the light out? Have you put the guard round the fire?'

She applied for a Council flat in 1962 (having lived in Gosport for 18 years) and wants to go into a Home as she cannot get suitable accommodation. If she could, she would prefer 'to be comfortable on my own'.

She visits her doctor regularly, every 2 or 3 weeks.

2. Widow of 72, living alone in a 3-roomed Trust cottage, with income from retirement pension and National Assistance. She usually gets out and about, but has chronic bronchitis and recently was in hospital for pneumonia. She does her own cooking, but says she doesn't have a cooked meal *every* day—but does most days. She would like meals-on-wheels. She has a home help 5 days a week, 1½ hours a visit.

   She has sole use of kitchen, bath and w.c., is on the housing waiting list, and says the doctor and Welfare Officer are trying to get her a small place where there is central heating. She says the doctor wants her to go into a Home 'where there is company' but she spent some 6 months in an Old People's Home in another district about 6 years ago, and is adamant that 'they'll never get me in a Home again'.

   The doctor calls once a month, and if she needs him between visits she sends for him.

3. Widow of 79, nearly blind, living alone in a 3-roomed flat, income being retirement pension and National Assistance. She usually gets out and about, gets her own meals and has 2 delivered by meals-on-wheels. Neighbours do shopping and a home help comes 4 days a week for 1½ hours. She has her own kitchen and bathroom (would like a bath-fitting to help getting in and out of bath) and indoor w.c.

   She thinks it is best to have her name on the waiting list 'in case' as she gets nervous alone at night and wants company. She stressed she liked company and hadn't got it.

   Her doctor does not call regularly, but was sent for a month ago as she needed her tonic changed.

4. Widow, 64, living alone in a 3-roomed flat in a reconstructed former detention barracks. Her income is from retirement pension and National Assistance. She is short of breath and at the time of interview was housebound, suffering with diarrhoea and sickness. She has a home help 5 days a week for an hour, but no other welfare services. She has an outdoor w.c. and no bathroom. She applied 'a long time ago' for rehousing, but the application was not renewed. She would like a small bungalow, with no stairs. She applied for a Home when previously ill—but hopes to 'buck up and jog along'. She has heard her present home was due for demolition, and is looking forward to being rehoused. She does not see her doctor regularly, but when she needs him she sends for him to visit.

5. Single lady of 75 living in a 3-roomed Council flat with modern amenities. She does her own cooking and shopping, has home help twice a week for an hour. Living on capital, she wants to go into a Home in case she were

taken ill and couldn t look after herself She mentions she has a friend in the Northcott bungalows with whom she goes to stay for company

She does not see her doctor regularly but had a cold 4 weeks ago and went to his surgery to see him

6 Single lady of 96—lives in whole house with bathroom and indoor w c and has a small private income She does own cooking and shopping without difficulty and has home help for 2 hours 1 day a week She has to pay the full rate for home help and cannot afford to have her more often but the home help goes in voluntarily most mornings and lights her fire for her She has a chiropody session at the Red Cross but no other welfare services

She is on the waiting list as the doctor thought she would not be able to manage on her own when her brother died—but she says so far she can and wants to stay in her own home

She does not see her doctor regularly but sends for him when needed

7 Man of 70 living in own house where he has one room and the use of a kitchen letting the rest of the house to 2 other households He has chronic bronchitis (interviewer reported he had great difficulty with breathing) and is permanently housebound He has meals on wheels 4 days a week on one day 2 dinners being left covering Monday Friday On Saturday the home help brings in fish and chips and a neighbour provides Sunday dinner

The home help goes in 6 days a week for about 2 hours He used to have a District Nurse call once a week to bath him but when she left she brought a new nurse over to see him who has not been back since The Welfare Officer calls in to see him the last call being a week before interview

He is very anxious to go into an Old People s Home and was in for a short stay of 2 weeks a few weeks before interview He very much wanted to stay and would go back today' if they would have him per manently He wants friendship and company and to be looked after properly

His doctor calls regularly more than once a week

It may be that rehousing would meet the needs of 1 2 and 4 Case 6 could be helped by an extension of the Home Help Service without extra payment Cases 3 5 and 7 need the social atmosphere of a Home

Of these 7 people one visits her doctor regularly at his surgery and another went to the surgery last time she sought medical attention The rest had to be visited at home by the doctor It might be worth comparing the popula tion now on the waiting list with elderly people not on the waiting list to see whether the pattern of medical attention is similar which comparison follows

Let us first examine the G P 's attendance on people aged 60 and over living in their own homes In comparing women living on their own with those living with other people there would appear to be little difference in the pat tern of doctors attendances between the two groups Approximately the same proportion in both groups saw the doctor regularly at his surgery or at home or in the case of those who only saw their doctors irregularly went to the doctor's surgery or saw him in their own homes at the time of the last

consultation. (There are not enough males living on their own to make a comparison.)

There are, however, differences between different age groups, and between men and women, as will be seen in table 9.

TABLE 9

Doctors' attendances on men and women 60 and over

Doctors' visits	Males aged 60–69 %	Males aged 70–79 %	Males aged 80 and over %	All males 60 and over %	Females aged 60–69 %	Females aged 70–79 %	Females aged 80 and over %	All females 60 and over %	All 60 and over %
Subject visits doctor regularly	12	11	10	11	15	14	—	14	13
Doctor visits subject regularly	4	6	13	6	8	11	23	10	8
Does not see regularly	84	83	77	83	77	75	77	76	79
But when last seen:									
Subject went to surgery	(72)	(61)	(63)	(68)	(73)	(56)	(41)	(63)	(65)
Subject sent for doctor	(28)	(39)	(37)	(32)	(27)	(44)	(59)	(37)	(35)
Nos. on which % based	141	76	31	248	172	151	30	353	601

Figures in brackets % of number who do not see doctor regularly.

A higher proportion of women under 80 see their doctors regularly than do men, and of these, a higher proportion of men go to the surgery rather than have the doctor visit them. While from the age of 80 similar proportions of men and women have regular consultations, more men visit the surgery for these than do women.

Where the doctor does not visit regularly, similar proportions of men and women under 70 went to the surgery the last time they needed a doctor, but a higher proportion of women over 70 sent for their doctor to visit them than did men over 70.

Comparing this sample with the sample on the residents' waiting list (women aged 70 and over have been compared only), we find indications that while there is little difference between the proportions having regular visits, a much higher proportion of those on the waiting list not having regular visits sent for the doctor when last needed, rather than going to the surgery.

A higher proportion on the waiting list sample are, of course, housebound, which would result in more of the medical consultations being in the patients' own homes, and, being housebound, they might have conditions necessitating more doctor's attention. The number of cases involved on the Gosport waiting list is too small to allow us to confirm these suppositions, and we have no details of doctors' visits to Gosport residents before they were taken into Homes.

There is, however, one further aspect which might be worth investigating, which is that where elderly patients have visits made to their homes by G.P.s there is a greater likelihood that they are recommended for a Home than if the patient visited the doctor. It may be that where a G.P. visits, he is better able to judge the housing, home and family situation, and realise that residential care is desirable.

6.2 G.P.S' ESTIMATE OF THE NUMBER OF PLACES NEEDED

G.P.s in Gosport were asked whether they had any elderly patients whom

they thought should be in Homes 19 of the 27 doctors answered 'Yes' to this question, but in about half the cases they added that the reason for their patients remaining at home was due to the patient's own refusal to go into a Home, rather than the inability of the County to find them places

However, they did realise there was a shortage of places During the previous 12 months they could remember a total of at least 12 patients whom they had recommended, or for whom they had supported applications, who had not been placed

6 3 CONCLUSION

There is no doubt that substandard housing and a desire for more social contact are among the main reasons for people requiring residential accommo dation We would need more data than we have in this pilot to estimate need

Appendix A

GOD'S PORT HOUSING SOCIETY LTD.

RESIDENTIAL HOME FOR THE AGED

The above Society has provided and is responsible for the management of a Residential Home at Northcott House, Alverstoke, to accommodate 41 aged persons

The Society is prepared to accept applications for admission to this Home for old people and preference will be given to persons who have resided in the Borough of Gosport over a long number of years The Home is intended for old persons who are in need of care and attention *but not in need of constant medical care* In the event of residents becoming bedridden, or so infirm that they require regular nursing attention it may be necessary (unless this additional care is likely to last for a limited period only) for them to find alternative accommodation, provided and equipped to deal with nursing cases For the information of applicants or relatives of applicants the following information is given

The accommodation is provided by way of 1, 2 and 4 bedded rooms and residents will therefore be required in the main to share bedrooms Communal dining rooms lounges, rest rooms, smoking rooms and quiet rooms are avail able for all the residents

Residents will be provided with opportunities of giving assistance according to their capacity in the lighter household duties

Applications for admission to the Residential Home should be made in the first instance to the Hon Secretary, The making of an application should not, however, be looked upon as being an assurance of acceptance for admission as there are large numbers of applications for the Home Every application, however, will be considered most closely by the Admissions Committee and will be decided upon its merits

Arrangements will be made for each applicant to be interviewed by the Hon. Welfare Officer who will obtain all the necessary details in relation to the application for consideration by the Admissions Committee.

The Medical Certificate which accompanies the application form should be passed by the applicant to his/her usual Medical Practitioner with a request that he will complete it and return it, in the prepaid envelope attached, to the Hon. Secretary.

Applicants are asked to read carefully the following conditions of residence:

(1) The applicant must be suitable to communal life with a minimum of disturbance to other residents.

(2) The staff is not able to cope with people requiring individual attendance, nor with protracted illness. Any resident becoming ill for any length of time will have to be removed by relatives, or taken to hospital.

(3) The provision of meals, in the dining room only, with attendance, and the care of the public rooms will be undertaken by the staff. Residents will be expected to keep their own bedroom tidied, and help with light work by arrangement with the Warden would be welcomed.

(4) Payment of accounts must be made weekly in advance (or monthly if arranged with the Warden). No resident may fall into arrears of payment beyond a fortnight.

(5) A fortnight's notice to vacate the accommodation may be given in writing by either the resident or Committee. Residents may retain their rooms during absence of not exceeding a total of one month in any one calendar year on payment of half rent for the period.

(6) No pets are allowed in the Home.

(7) Residents must accept the Warden as acting with the Housing Society's full authority in all matters.

(8) The Residential Home is fully furnished and equipped by the Society and residents' own furniture will not be accepted.

SHEFFIELD C.B.

CONTENTS

I HOME HELP SERVICE

1 0 PRESENT PROVISION

The home help service in Sheffield started in 1944, and by September 1948, *46 home helps were assisting 76 cases* When we started this investigation (in October 1965) there were 482 home helps and 25 home wardens, and the number of cases dealt with was 2 900, of whom 2,700 were people 65 and over [1] Some of the home helps work part time, the equivalent number of full time staff being 326

There are 8 Home Help Organisers,[1] working from 6 area offices and a central office Recommendations for the service of a home help are accepted *from doctors, District Nurses, Health Visitors, hospital medical social workers*, or from members of voluntary organisations and the general public, but in every case a doctor's certificate is required It was stressed that the Home Help Organisers, who investigate every case personally, would not necessarily wait for the doctor's certificate before allocating a home help, and help may well be given pending investigation and/or a doctor's certificate

Once the investigation has been done by the Organiser and the doctor's *certificate obtained, there is no restriction as to who can be given the service* While income is taken into account when assessing the charge, having a high income would not debar an elderly person from being allocated a home help

1 1 HOME HELP FOR PERSONS LIVING WITH OTHERS

Living with others does not necessarily mean that a home help is refused If the applicant is living with an unmarried daughter who works, or a son, a *home help is allocated to deal with all rooms except the daughter's bedroom*

If living with a child who is not working the Organiser tries to arrange a family conference, at which the child(ren) are asked what they can manage to do (or persuaded to do some of the work) and a home help is provided to supplement this help

1 2 DUTIES OF A HOME HELP

A home help can do any job the normal housewife does This includes not only cleaning and polishing, making beds and washing up, doing small articles of laundry or operating a washing machine, preparing or cooking meals, etc, but also, if time permits, sewing or mending, making curtains, reading or writ ing letters, etc. They can also help to wash or bathe elderly people, dress them and help them to the w c, or empty chambers

They are not expected to do gardening *(although they will arrange flowers)* or mend fuses, etc, but sometimes a home help's husband will take on these jobs voluntarily

They are allowed to wash down walls or paintwork in their normal duties, but not to do spring cleaning

Similarly, they can clean the inside of windows but not the outside unless it can easily be reached

1 3 CHARGE FOR HOME HELP SERVICE

The charges for home helps are made on the Local Authority scale, the

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[1] By September 1967 the number of home helps had risen to almost 700 and there were 12 Home Help Organisers

maximum charge per hour being 4s. 3d. Where the recipient cannot pay the full charge a detailed examination of their income is required.

Charges vary from nothing for those with an *assessable* weekly income of under £5, 3d. an hour for £5 but less than £5 10s. 0d,, 6d. per hour for £5 10s. 0d. but less than £6, to a maximum of 4s. 3d.[1] per hour for those with an assessable income of £18 or more per week.

Asked if any recipient discontinued having a home help because she could not afford one, or refused to have one for that reason, the Home Help Organiser opined that this was not so. There was an Assessment Committee set up by the Health Department who would consider, and had powers to vary, charges, where the older person felt they were too high.

1.4 REVIEW OF NEED

The Home Help Organisers aim at seeing all recipients of the service at least once every 3 months. Some are seen more often. The home helps will report on cases where more or less help is required when they come in to receive their pay.

In some cases home helps are allocated for specific purposes, and are withdrawn when the patient recovers. In others they are allocated for 6 weeks, and continue only after revisiting by the Organiser. Service is very rarely discontinued, although there are cases where the elderly person suggests she can now manage, and someone more needy should be allocated the help.

Asked if the service was discontinued or cut down for old people because of more 'urgent' needs such as maternity or hospital discharge patients, the Organiser said this did not happen, but hours might be cut during holiday periods, or at times when there was a high incidence of sickness among the home helps.

1.5 CONTINUITY OF HOME HELP SERVICE

It is the policy in this area to change home helps every 8-12 weeks. The reason given for this policy is that when the home helps are taken on, it is stressed that they all get a share of both good and bad recipients.

The Organiser stated that after 3 months with 1 household the home helps or patients might take advantage, or that the recipients might become too emotionally dependent on a particular home help, which could be a very wearing process for the home help. Both the home helps and the recipients liked to change, she said.

1.6 RECRUITMENT OF HOME HELPS

There is a ceiling fixed by the Health Committee on the number of home helps who may be employed, this ceiling being extended a little every year. It is very difficult to recruit home helps and we were told that, at that time, it was worse than it had ever been. A sufficient number had been recruited, but it had meant dropping the standard somewhat. However, the attempt to raise the status of the home help (described in 1.7) was leading to a greater retention of the existing staff.[2]

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(1) From October 1st 1967, the maximum charge was raised to 5s. 6d. an hour.

(2) In September 1967 we were informed that recruitment difficulties had been largely overcome, and applicants were of a much better standard.

1 7 TRAINING HOME HELPS

Since 1962 there has been a Domestic Help Training Centre, which has a kitchen equipped with both gas and electric cookers a laundry room with a commercial washing machine and rotary irons, and a lecture and film room

The aim of the Training Centre is to raise the general standard of skill and efficiency, and to remove any lingering stigma of the service being only a domestic cleaning agency

The course which lasts a week, provides lectures, demonstrations, practical experience and film shows covering elementary home nursing and first aid, accident prevention, cooking, washing, 'make do and mend', and aims to give the home helps some insight into the problems of other workers in the Health Department, such as the Home Nurse, Health Visitor, and Public Health Inspectors

In addition, where changes take place in administration or new schemes are announced, home helps are called to a meeting at the Centre, where matters are explained These meetings take place in official time

Improving the status of the home help service

Part of the object of the course is to remove the stigma that the service is only a domestic help agency There are two other ways in which the status of the service is considered

(a) Uniforms

Home helps are supplied with nylon dress/overalls which are specially made with the words 'Home Help' embroidered on the top pocket. Those home helps working on maternity cases wear turquoise blue overalls with elderly people the colour is dark cherry red The home wardens have a navy dress with 'Home Wardens' embroidered on the pocket

Most of the home wardens have bought for themselves navy blue rain coats or top coats and wear a navy beret There is little doubt that the home help feels that the uniform enhances their status

In addition many home helps say that being recognised as a home help by shopkeepers leads to special service, in that while out shopping the assistant will not only try to serve them quickly, but will sometimes realising from the quantities being purchased that she is shopping for an elderly person add an odd titbit, or give a little overweight.

(b) Social gatherings outside working hours

There are regular monthly gatherings at the training centres for home helps for social purposes There are also coach trips arranged and visits to other towns to see how other home help services are organised

1 8 OFFICE STAFF

Records for each area are kept at the District Offices Asked if the office staff was of sufficient size to maintain the high standard set, the Home Help Organiser replied that while there was sufficient clerical staff, she felt that the District Organisers were being asked to carry too heavy a case load The average case load was over 360 and in her opinion the maximum case load should be 250 To achieve this, an additional 4 Organisers would be required.

1 9 HOME WARDENS

There are 25 full time home wardens,[1] all women, each having a case load of

[1] At September 1967 the total number of Home Wardens had been increased to 32, working a 40 hour week.

about 40 persons, not necessarily the same people who are having home helps. These home wardens work a 42 hour week, spread over mornings and evenings, including week-ends. They are free to arrange the work they do themselves, although they do come under the general supervision of the Home Help Organisers, to whom they report.

Although they do a limited amount of housework, they also attend to the social needs of the elderly, such as going with them to the optician, writing letters, etc. Half of their calls are arranged to cover evening or week-end needs.

These home wardens are recruited from the home helps, and are paid on a higher scale.

2.0 INTERVIEWS WITH PEOPLE RECEIVING HOME HELPS

In order to see what the home help does to help elderly people, and who was being helped, a sample of elderly people currently having a home help was selected for interview.

2.1 THE SAMPLE

Two thousand, seven hundred people of retirement age (men 65 and over, women 60 and over) living in Sheffield were having the services of a home help (3·5% of the elderly population). A sample of 100 households was drawn at random, and interviews were obtained at 94 of them. Altogether 111 people were interviewed. There were no refusals, but 1 household was ineligible because the home help had been withdrawn 3 weeks previously.[1] In 2 cases the elderly person had died and in another 2 cases it was not possible to contact the people in the time available. In 1 case the elderly person, a woman of 80 living in warden-supervised housing, was incapable of answering any questions, and a neighbour who looked after her supplied the information. A proxy interview was obtained in one other instance where the husband was incapable of answering questions and the wife provided the information for him as well as being interviewed herself. As in both cases the proxy interviews were given by the persons responsible for looking after the respondents, the information has been included in all factual questions, so that the total sample at times is 113, or 95 households.

2.2 NUMBER OF DAYS AND HOURS PER WEEK

Most of the 113 people in our sample said the home help called only once a week, and 10 had the home help for less than once a week. The number of days a week elderly people had the services of a home help is shown in table 1:

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[1] This was a household of husband (77) and wife (79) living in a 1-bedroom council flat. The home help had been coming for 5 years (at first 2 days a week, but latterly once a fortnight) since the wife's discharge from hospital where she had been admitted with a broken leg. The wife was permanently housebound and unable to get about the house on her own without difficulty. She did none of the household tasks, all of which were at the time undertaken by the husband, with some help from a daughter living in the town. Both the husband and wife said the reason given for withdrawing the home help was that the husband was capable of doing the housework and the daughter could help. The husband, however, complained of difficulty in managing because of trouble with his legs and dizzy spells, and the wife said her daughter had not been well and was unable to give them much assistance. Both missed the help provided by the service.

Table 1
Number of days a week home help calls

No of days	Households		People	
	No	%	No	%
Less than once a week	10	11	10	9
1	66	69	80	71
2	10	11	13	11
3	2	2	2	2
4	—	—	—	—
5	3	3	4	3
6	4	4	4	4
All visits	95	100	113	100

The number of hours per visit ranges between 1 hour and 4½ hours The most usual length of time is 4 hours, as will be seen from table 2

Table 2
Length of time home help stays per visit

Length of time per visit	Households		People	
	No	%	No	%
1 hour	1	1	1	1
1½ hours	4	4	4	3
2 hours	1	1	1	1
2½ hours	2	2	2	2
3 hours	24	25	28	25
3½ hours	5	6	6	5
4 hours	43	45	52	46
4½ hours	15	16	19	17
All visits	95	100	113	100

The number of hours a week spent by home helps at households with elderly people is shown in table 3·

Table 3
Number of hours per week home helps assist elderly people households

No of hours per week	Households	
	No	%
1–2 hours	11	12
3–4 hours	52	55
5–6 hours	16	17
7–8 hours	10	10
9–10 hours	1	1
11–12 hours	1	1
13 hours or more	4	4
All visits	95	100

Over half the households have the services of a home help for between 2 and 4 hours a week, and just over a quarter have her for 4 8 hours a week Less than 5% of households have her services for over 10 hours a week

At 2 households the home help went in 18 hours a week In 1 case to a widower, aged 88, living on his own He was perm

and, at the time of the interview, had been in bed for 2 weeks. The home help prepared his main meal every day, and on Sundays a neighbour sometimes brought him a meal, otherwise he went without. The only other welfare help he received was an occasional visit from the Health Visitor (she had last called 3-4 months ago). His doctor, however, visited him regularly every 2-3 weeks.

The second case was of an 80-year-old widow, living on her own in a warden-supervised flat for whom a proxy interview was obtained because she was incapable of remembering anything. The respondent experienced difficulty in going out of doors on her own and managing stairs, as well as bathing on her own. She suffered from bronchitis and asthma. The home help prepared her meals 5 days a week, and the warden at the weekend. She had been having a home help for 8 years. The District Nurse called regularly to give the respondent a bath, and the doctor called about once a month. She had no other welfare services, but was, of course, under the supervision of the resident warden.

2.3 DUTIES OF THE HOME HELP

At nearly all households, the home help does the necessary cleaning, polishing, dusting, etc., on the days she attends, as will be seen from table 4:

Table 4

Tasks performed by home help

Tasks performed	Households		Persons	
	No.	%	No.	%
Dusting/polishing/sweeping, etc.	89	94	107	96
Cleaning floors	95	100	113	100
Shopping	32	34	40	36
Collecting pension	12	13	16	14
Going to launderette	4	4	6	5
Doing some laundry in house	19	20	23	21
Laying fires/filling scuttles, etc.	35	50(1)	38	46(1)
Making beds	43	45	53	42
Getting light meals	14	15	17	15
Making tea or coffee	23	24	27	24
Washing up	33	35	41	37
Help wash/bathe	5	5	5	4
Clean windows	61	64	75	67
No. of households/persons	95	100	113	100

(1) Percentages based on households/persons who have a solid fuel fire.

Home helps make beds in almost half the households, and in over a third they do the shopping and wash up. About a quarter make tea or coffee for the elderly people and do some laundry in the house. In less than 1 in 5 of the households do the home helps prepare light meals or collect the elderly person's pension.

In a small proportion of the one-person households they help the elderly person wash and bathe.

Thirty-nine of the 111 people (2 proxies excluded) said they did not need any more help. Of those who said they would like more help, 49 said they would like the home help to do jobs she was not doing at the time, over half saying they would like her to do special jobs in the house, such as spring cleaning, turning out cupboards, etc. 38 of those who wanted more help

either said they would like the home help to do some of the jobs she already does more often or to spend more time on them

2.4 TIME OF ARRIVAL

In 35 households out of the 70 who have solid fuel fires the home help helps with the fires, yet in only 9 households does she start work before 9 a.m., as will be seen from table 5

Table 5

Time at which home help starts work

Time arrives	Households		People	
	No	%	No	%
Before 8 a.m	4	4	5	4
8–8 55 a.m	5	5	7	6
9–9 55 a m.	50	53	60	54
10–10 55 a m	6	6	7	6
11–11 55 a m	1	1	1	1
12 noon–12.55 p m	25	27	27	24
1 1.55 p m	1	1	1	1
Any time during the day (varies)	3	3	5	4
All times	95	100	113	100

Out of the 9 households where the home help arrived before 9 a.m., 6 received no help with the fire, 5 of them experiencing little or no difficulty in making the fire themselves. One however, a man of 70 experienced con siderable difficulty In none of these cases did the home help attend more than twice a week. Even in the 3 households where the home help arrived early and gave some help with the fire, she only attended one day a week. Two of them managed satisfactorily on their own the third receiving assistance from the Home Warden who had been attending every day since the respon dent's discharge from hospital

Twenty of the 50 households where the home help arrived between 9 and 10 a.m said she helped with the fire in 17 cases she did not help and in 13 there was no solid fuel fire

2.5 HOW PEOPLE MANAGE TO DO THINGS ON THE HOME HELP'S DAYS OFF

Table 6

How older people manage various household tasks on days home help does not attend

How old people manage	Dusting polishing sweeping	Cleaning floor	Making fires	Making beds	Washing up	Light meals	Tea/coffee	Help wash bathe	Laundry	Shopping
Doesn't need doing	2	8	2	1	1	1	—	—	4	1
Do it themselves with difficulty	11	3	11	—	2	1	2	1	1	5
Do it themselves without difficulty	34	12	16	20	27	7	18	3	3	10
Someone else does it	12	8	8	9	8	5	4	—	10	21
Doesn't get done	25	75	—	4	2	2	1	—	2	2
Does part only	23	7	—	18	1	1	2	—	3	1
No. of people (excluding no answers)	107	113	37(1)	52	41	17	27	4	23	40

(1) 29 people did not have solid fuel fires.

In a higher proportion of the cases the cleaning of floors tends to be left undone, and dusting, polishing, etc., are either left undone or done in part only. Many of the elderly only straighten their beds themselves, leaving changing the bed and turning the mattress to the home help.

2.6 JOBS NOT DONE BY HOME HELP

Table 7

How older people manage household tasks not done by home help

How old people manage	Dusting polishing sweeping	Making fires	Making beds	Washing up	Light meals	Tea/ coffee	Help wash/ bathe	Laundry	Shopping
Doesn't need doing	—	—	—	—	—	—	—	—	—
Do it themselves with difficulty	4	9	7	8	13	2	7	6	15
Do it themselves without difficulty	1	19	33	56	64	71	91	13	19
Someone else does it	1	18	10	8	19	12	7	43	39
Doesn't get done	—	—	1	—	—	—	—	—	—
Does part only	—	—	9	—	—	—	—	27	—
No. of people (excluding no answers)	6	46(1)	60	72	96	85	105(2)	89	73

(1) 29 people did not have solid fuel fires.

(2) 42 were completely unable to take a bath on their own, 26 seldom or never taking a bath because they could not manage and 16 receiving some regular assistance. 4 of the 42 also experienced difficulty in washing themselves.

3.0 THOSE HAVING HOME HELPS

3.1 SEX AND AGE

Of the 113 persons of retirement age interviewed, 83 were women and 30 were men. A slightly higher proportion of elderly women have the services of a home help than do elderly men. Our general sample shows that 30% of those of retirement age are male (30% Census 1966), while the proportion of men in the sample of those receiving home help is 26%.

While this higher proportion of women getting help is partly due to the fact that there is a higher proportion of elderly women in the population, it would appear from our sample that very few men aged 65-69 have a home help (there were only 2 in our sample).

Table 8

Age distribution of men and women receiving home help

Age group	Men	Women	Both sexes	
	Nos.	Nos.	Nos.	%
60–64 (women only)	—	4	4	3
65–69	2	9	11	10
70–74	4	16	20	18
75–79	13	17	30	26
80–84	10	23	33	29
85 and over	1	14	15	14
All ages	30	83	113	100

3.2 HOUSEHOLD COMPOSITION

Most of those in the sample receiving home helps were people living alone, as can be seen from table 9.

Table 9

Household composition of households having home helps compared with general sample

Household composition	Home Help Sample		General Sample	
	Households	Persons	Households	Persons
	%	%	%	%
Old person living alone	73	61	35	28
Old person living with unmarried child	—	1	9	7
Old person living with married child	—	—	6	5
Old person living with others 64 and under	2	2	7	6
Old person living with others 65 and over	2	3	2	3
Married couple living alone	23	33	32	41
Married couple living with unmarried child	—	—	6	7
Married couple living with married child	—	—	1	1
Married couple living with others 64 and under	—	—	1	1
Married couple living with others 65 and over	—	—	1	1
No on which %, based	95	113	467	609

61% of elderly people having the services of a home help are living alone where an elderly person is living with others even where the others are also elderly, there appears to be less need of the service

3 3 MOBILITY

Four of the people in the sample were permanently bedfast 1 was temporarily bedfast, but was usually housebound 33 were permanently housebound 5 temporarily housebound but usually went out and 70 were able to get out without difficulty

The 4 bedfast had been so for between 1 and 4 years, and 5 of those housebound had been so for less than a year, 15 for 1-3 years and 13 for longer periods One woman could not remember how long she had been housebound

Accidents had caused 2 of the sample to be permanently bedfast General old age arthritis and rheumatism were given as the reasons for the other two

The most usual conditions given as the reason for not being able to get out were rheumatism and arthritis mentioned by 10 informants 5 mentioned general old age and infirmity, 4 blindness or failing sight and 4 mentioned accidents Heart conditions were mentioned by 3 people Other conditions cited were strokes or paralysis (2), pulmonary difficulties (2), and circulatory conditions such as varicose veins (2)

3 4 DOCTOR'S ATTENDANCE

Sixty three of the 113 people in the sample saw the doctor regularly 14 going to his surgery, and 49 being visited by him

3 5 OTHER WELFARE SERVICES

(a) Meals-on-wheels

Sixteen (14%) of the 113 persons with home helps also have meals on wheels delivered, getting 2 dinners a week 3 of these recipients say they started getting the meals at about the same time as they had the home help and 10 after they first had the home help 2 were having the meals before the home help started to come and 1 did not answer the question

T ... of G P s as to the need

fo ... any elderly patients not

ge ... vice 13 of the 25 G P s

said they did know of such people, and of these, 8 estimated that a minimum of 96 of their patients would so benefit.

Two doctors thought the service was not available in their areas, 6 thought that some of the elderly who needed meals-on-wheels did not want them and 3 thought that some were deterred from having them by the cost.

Ten of the G.P.s thought that more meals should be served to those already getting the service, which delivers only 2 meals a week to each recipient. 6 G.P.s estimated a minimum of 68 of their patients needed meals more often. None of the doctors who thought more meals should be served thought they should be served less frequently than 4 days a week, and 5 thought they should be delivered 7 days a week.

While doctors praised the service and the workers, who are voluntary, there was some criticism of the quality and variety of the food and cooking, and the fact that so little publicity was given to the service. One doctor thought there should be paid helpers to augment the voluntary workers, altogether 3 mentioning the lack of sufficient staff and equipment.

(b) District Nurse

The District Nurse was calling on 15 (13%) of the sample compared with 1% of those in the General Sample, and the help given is listed below.

	Home Help Sample	General Sample
Blanket baths, washing and cutting toenails	12	2
Injections	3	3
Enemas	—	1
No treatment, just checks	3	1
No. of replies	15	7

The District Nurse had been attending these 15 patients for varying periods as shown in table 10.

Table 10
Length of time District Nurse has been attending patients

How long District Nurse has been attending	Home Help Sample	General Sample
Less than 3 months	2	—
3 months but less than 6 months	1	—
6 months but less than 1 year	4	1
1 year but less than 2 years	3	1
2 years but less than 3 years	3	—
3 years but less than 5 years	1	2
5 years but less than 10 years	1	2
10 years and over	—	1
Those who have District Nurse call	15	7

In the home help sample the District Nurse had mostly been calling for less than 3 years, whereas in the general sample she had mostly been calling for more than 3 years. With such small numbers in the general sample it is difficult to come to any definite conclusions, but it might be interesting to see whether in the home help sample the District Nurse started to call before or after the home help. In fact 9 (60%) had the home help before the District

Nurse, 4 started to receive the services of both at about the same time and only 2 had the District Nurse before the home help This implies that either the home help herself, or the Organiser, refers cases to the District Nurse

Those having visits from the District Nurse were asked how long she stayed and the answers are detailed in table 11

Table 11

Length of time District Nurse stays on each visit

How long District Nurse stays	Home Help Sample	General Sample
0-10 minutes	2	3
11-20 minutes	1	—
21-30 minutes	7	3
31 minutes-1 hour	2	—
Over an hour	1	—
Those who have District Nurse call	13(1)	6(1)

(1) Excluding those who could not say how long the nurse stayed

(c) Bathing service

As far as the difficulty experienced by the elderly in washing and bathing themselves, doctors were asked whether a bathing service was available in Sheffield 7 said there was such a service, 1 did not know, and 17 said there definitely was not. There were, in fact, at the time, 6 auxiliaries with nursing experience working part time under the supervision of the nursing staff 16 of those unaware of the service thought it would be a good idea, but 2 did not think it would be useful in helping to relieve the *nursing service*

(d) Chiropody

Twenty nine of the 113 informants with home help (nearly 26%) used the welfare chiropody service and a further 17 (15%) had their feet done privately

By contrast 5% of the general population of retirement age used the welfare service while some 16% went privately In any case those with home helps were more likely to be having chiropody treatment than those in the general population *41% of those in the home help sample were* being treated compared with 21% in the general population

The frequency of treatments is detailed in table 12 below

Table 12

Frequency of treatment of elderly people receiving welfare and private chiropody

Length of time between treatments	Home Help Sample				General Sample			
	Welfare		Private		Welfare		Private	
	No	%	No	%	No	%	No	%
Up to and including a month	3	10	3	17	3	10	37	38
Over 1 and up to 2 months	14	49	11	65	18	60	46	47
Over 2 and up to 3 months	9	31	—	—	6	20	9	9
Over 3 and up to 6 months	3	10	1	6	2	7	2	2
Over 6 and up to 12 months	—	—	1	6	—	—	—	—
No set time	—	—	1	6	1	3	4	4
No on which % based	29	100	17	100	30	100	98(1)	100
No having chiropody	46				128(1)			

(1) Excludes 2 people who did not say how often they had treatment.

It will be seen that on an average people having private chiropody treatment do so more often than those having welfare treatment. Over 80% having private treatment in both samples did so at least once in every 2 months compared with 59% and 70% using the welfare service. Whether this amount of treatment is satisfactory or not is examined in table 13.

Table 13

Comparison of the satisfaction experienced by those having welfare chiropody with those receiving private treatment

Do you have trouble with your feet, so you would like to go more often?	Home Help Sample		General Sample	
	Welfare	Private	Welfare	Private
	%	%	%	%
Trouble, would like to go more often	25	6	33	27
Trouble, would *not* like to go more often	—	6	3	1
No trouble, would like to go more often	7	—	—	—
No trouble, would *not* like to go more often	68	88	64	72
No. on which % based	28(1)	17	30	97(2)
No. having chiropody	45(1)		127(2)	

(1) One person for whom a proxy was obtained has been excluded.
(2) Excludes 3 people who did not say whether or not they had trouble in between treatments.

This table shows that those people who have welfare treatment are more likely to experience trouble in between visits and want to go more often than those having private treatment, although the majority in each case did not experience any trouble. The difference in the satisfaction experienced is more marked in the home help sample, where the numbers are smaller than in the general sample. It would be interesting to compare the frequency of treatment of those who have trouble between treatments and would like to go more often with those who have no trouble and would not like to go any more frequently. The numbers in the other two categories are too small for comparison.

Table 14

Comparison of those with home helps with those in the general sample receiving chiropody, by frequency of visits and wanting more visits

Length of time between visits	Trouble, would like to go more often				No trouble, would *not* like to go more often			
	Home Help		General		Home Help		General	
	Welfare	Private	Welfare	Private	Welfare	Private	Welfare	Private
Up to 1 month	—	1	—	10	3	1	3	26
Over 1 month up to 2 months	2	—	7	11	12	10	10	34
Over 2 months up to 3 months	4	—	2	4	4	—	4	5
Over 3 months up to 6 months	1	—	—	—	1	1	2	2
Over 6 months up to 1 year	—	—	—	—	—	1	—	—
No set time	—	—	1	1	—	1	—	3
No. having chiropody	7	1	10	26	20	14	19	70

Looking at the general sample we can see that those who experience trouble and would like to go more often do have treatment almost as frequently as those who experience no trouble between visits. 28% who have trouble go at least once a month compared with 33% who do not experience any trouble. In both cases those having welfare chiropody go less frequently, as has been shown in table 12.

The Health Department is responsible for the welfare chiropody service in Sheffield. Applications for the service from doctors or District Nurses are not checked other than to determine whether or not the patient is able to

attend the clinic, or if domiciliary treatment should be provided Otherwise the Health Visitor investigates and decides whether treatment is necessary

Doctors in Sheffield were asked their opinions of the service Over half made some criticism of it, mostly of the need to extend the service, particularly in relation to domiciliary visits or the provision of transport to enable those not housebound, but who find it difficult to travel, to get to the clinic

Asked if they had any elderly patients who would benefit from treatment but were not getting it, 14 of the 25 G P s interviewed said they had, 8 said they had not and 3 said they did not know if they had any patients needing chiropody treatment 3 blamed the patients themselves for the lack of treatment, saying they did not bother to make appointments or that they aggravated their condition by such things as wearing the wrong shoes, Other G P s blamed the lack of chiropodists (1 referring to a long waiting list), or they thought that patients could not get to clinics or obtain domiciliary treatment

(e) **Health Visitor**

Ten of the 113 persons in the sample (9%) said they were visited by a Health Visitor, compared with 1 5% of the general sample

(f) **Visiting Service**

Eight people had 'friendly' visits from the Welfare

3 6 FINANCIAL POSITION OF THOSE HAVING HOME HELPS

Sources of income

The sources of income of those having the services of home helps are compared with those of the general sample of people of retirement age in Sheffield in table 15

Table 15

Sources of income of those having the services of a home help compared with sources of all people of retirement age

Source of income	Those with home helps		General Sample	
	No	%	No	%
Wages/salary	2	2	152	26
Retirement/O A P	108	96	513	87
National Assistance	71	63	168	29
Other Government grants and pensions	16	14	59	10
Private/firms pensions	22	20	151	26
Rents	2	2	16	3
Interest on shares, etc	7	6	35	6
Charities	—	—	2	—
Other sources (2)	—	—	10	2
All sources of income	228	(1)	1,106	(1)
No of people on which % based	113		589	

(1) Percentages add to more than 100 since many people have more than one source of income

(2) Other sources of income include alimony or maintenance, royalties from a book, compensation for an injury sustained at work, etc

It will be seen that a very high proportion (over 60%) of people having the services of a home help also receive National Assistance Having National Assistance is generally associated with being in the lowest income brackets, which would suggest that the actual income of those having a home help is lower than that of people not having this service This is examined in table 16

Table 16
Income of those having the services of a home help compared with incomes of the elderly in the general sample

Income per week	Single Incomes				Joint Incomes			
	Home Help Sample		General Sample		Home Help Sample		General Sample	
	No.	%	No.	%	No.	%	No.	%
Less than £4	—	—	10	3	—	—	—	—
£4-£4.19	17	23	116	41	—	—	—	—
£5-£5.19	39	52	78	28	—	—	1	*
£6-£7.19	17	23	41	15	14	39	60	21
£8-£9.19	2	2	16	6	13	36	96	34
£10-£14.19	—	—	13	5	9	25	85	30
£15-£19.19	—	—	2	1	—	—	24	9
£20 and over	—	—	2	1	—	—	17	6
No. on which % based	75	100	278(1)	100	36(2)	100	283(1)	100

* Less than 0·5%.
(1) Excludes 22 single and 26 joint incomes not given in whole or part.
(2) Excludes 2 people not giving complete income.

If having a home help was dependent on having a low income it would have been expected that more of the home help sample would have fallen in the lower income groups than the general sample, but 44% of those on single incomes in the general sample had less than £5 per week compared with 23% of the home help sample. At the higher end of the scale, however, 6 times as many in the general sample had an income of £8 or more than in the home help sample, although in both cases the proportion in this category is low, 13% and 2%.

As far as those with joint incomes are concerned (mostly married couples), approximately the same proportion in both samples were getting between £8 and £9 19s., but more of those in the home help sample (39%) were in the lowest income group, £6-£7 19s., than in the general sample (21%). And it follows, of course, that at the higher end of the scale, £10 and over, there was a higher proportion in the general sample than in the home help sample.

It would appear that having a comparatively high income means there is less likelihood of having a home help. It has already been shown in table 15 that having National Assistance is one of the characteristics of the elderly people who have a home help. There was, in one area previously reported on, an indication that a high proportion of those with very small incomes did

Table 17
Incomes of persons not receiving National Assistance, and the amount for the home help service paid per week

Weekly Income	Amount paid per week					Total
	Nil	Less than 5s.	5s.– 7s. 5d.	7s. 6d.– 9s. 11d.	10s. and over	
Single Incomes						
£4 but less than £6	9	1	2	—	—	12
£6 but less than £8	3	—	—	—	—	3
£8 and over	1	1	—	—	—	2
Joint Incomes						
£6 but less than £8	6	—	1	—	—	7
£8 but less than £10	4	4	—	—	1	9
£10 and over	—	2	4	—	1	7
	23	8	7	—	2	40

not receive home helps which led us to examine the hypothesis that a number of elderly people were not receiving home helps because they could not afford the full rate, and were not prepared to have their incomes examined in order to claim free or reduced cost help This would not appear to have happened in Sheffield Those drawing National Assistance automatically got the service *free* and table 17 shows that over half of those *not* on National Assistance were also getting free home helps

An examination of the original data shows that there is little difference in the number of home help hours allocated to those with or without National Assistance

One would expect those receiving home helps to be less fit than elderly people in general Let us examine this

3 7 MOBILITY OF OLD PEOPLE HAVING HOME HELPS

We have already said that 4 of the elderly having home helps were permanently bedfast and one was bedfast temporarily (usually housebound) 33 were permanently housebound and 75 usually went out of whom 5 were temporarily housebound at the time of interview Comparing this sample with that of the general population it is found as would be expected that a much higher proportion of those getting home help are housebound

Table 18

Mobility of those having home helps compared with general population

Mobility	Home help	General
	%	%
Bedfast permanently	4	* } 1
Bedfast temp , usually housebound	1	* }
Housebound permanently	29	7
Housebound temp , usually goes out	4	3
Goes out	62	89
No on which % based	113	609

* Less than 0 5%

30% of those having a home help are housebound permanently and a further 4% temporarily compared with 7% permanently and 3% temporarily

Table 19

Comparison of proportions in home help sample having difficulty in performing given functions, compared with general sample

Difficulty with	Home Help Sample	General Sample
	%	%
Going out of doors on own	59	19
Getting up or downstairs on own	74	27
Getting about house on own	31	6
Getting in and out of bed on own	26	8
Washing themselves	19	4
Bathing	50	16
Dressing	21	5
No on which % based	113	609

housebound in the general population. 4% of those having home helps are bedfast permanently compared with 0.2% in the general population. Nearly 9 out of 10 people of retirement age usually go out, compared with just under two-thirds of those having home helps.

Further evidence on this point may be obtained by examining the capacity for self help of the two samples (table 19).

A far higher proportion of those having home helps have more difficulty getting around and helping themselves than do elderly people generally.

Whether they see their doctors more or less regularly is shown in table 20.

Table 20

Doctor's attendance on those having home helps compared with the elderly in the general sample

Doctor's visits	Home Help Sample	General Sample
	%	%
Subject visits doctor regularly	13	23
Doctor visits subject regularly	43	9
No regular visits	44	68
No. on which % based	113	609

Not only do more of those having home helps see their doctors regularly than the elderly in the general population, but considerably more are seen by the doctor in their own homes rather than in the surgery, and, as is shown in table 21, they see their doctors more frequently.

TABLE 21

Frequency of visits for those seeing doctor regularly

Frequency of visit	Home Help Sample	General Sample
	%	%
At least once a week	10	6
Every 2 or 3 weeks	20	27
Once a month	65	44
Less frequently than once a month	5	23
No. seeing doctor regularly on which % based	63	192(1)

(1) Excludes 3 people who did not say how often they saw the doctor.

Where the doctor is not seen regularly, informants were asked when they last saw their doctor. 10% of those having home helps had not seen their G.P. for over a year (36% of the general sample), while 16% saw him within the last 7 days (6% of the general sample).

It is clear that the home help sample, while being less mobile and not as well able to look after themselves, do get more attention from their G.P.s.

4.0 ELDERLY PEOPLE IN THEIR OWN HOMES—GENERAL SAMPLE

The 609 people of retirement age in the general sample were asked who did

most of the cooking shopping and housework Their replies are given in table 22

TABLE 22

Person responsible for most of the cooking shopping and housework

Person responsible for	Cooking			Shopping			Housework		
	%			%			%		
	Men	Women	All	Men	Women	All	Men	Women	All
Self	12	83	62	23	68	56	11	71	53
Spouse	61	1	19	48	5	17	49	1	15
Shared self and spouse	10	4	6	15	6	9	19	8	11
Child (in law) in h/d	6	6	6	5	7	6	6	6	6
Child (in-law) outside h d	1	*	*	3	5	4	3	3	3
Other relative in h/d	5	4	4	4	4	4	5	2	3
Other relative outside h/d	1	*	1	—	2	1	—	1	*
Other person in h/d	2	*	1	1	*	1	2	*	1
Friend/neighbour	—	*	*	*	3	2	—	*	*
Home help/M O-W/welfare	—	—	—	—	—	—	3	4	4
Private domestic help eat out	2	*	1	*	*	*	2	4	4
Other person outside h/d	—	—	—	—	—	—	—	—	—
No on which % based	181	428	609	181	428	609	181	428	609

**Less than 0 5*.*

Comparatively few old people depend on outside help for most of their cooking none saying that the home help or meals on wheels mainly cater for them in this respect This is understandable, as only 5 people (0 8%) had meals on wheels delivered, and they only got 2 meals a week

While 29% of those having home helps say the home help does some of the shopping none in the general elderly population says she does most shopping With only 3 9% having home helps however the numbers are too small for comment. Just under 8% of elderly people have to rely on some one outside the household other than a home help to do their shopping over half of these people depending on children not living with them

In the majority of cases where a home help attends, she is responsible for the major part of the housework As many elderly people in this area rely on paid domestic help as the number relying on home helps for this work Comparatively few have other people outside to help do the major part these being mainly children or relatives not living with them

Nearly 90% of elderly people do the major part of their cooking themselves or it is done by the spouse compared with about 80% for shopping and housework

Difficulty in doing cooking, shopping and housework

Where the elderly person did most of their own work, they were asked if they were able to do it without difficulty 14% of elderly people who were responsible for most shopping had some difficulty, usually in carrying heavy goods or having difficulty walking or because of general poor health Eight per cent who did most of their own cooking found it difficult, as did 23% of the elderly people who did their own housework

The main difficulty encountered by the elderly in doing the housework is that they are no longer supple enough to bend stretch or kneel or to do the heavy jobs of carrying coals turning mattresses window cleaning or laundry and ironing

4.1 NEED FOR HOME HELPS

Doctors have to support any application for a home help. G.P.s in Sheffield were asked if there were any patients who should, in their opinion, have home helps but could not get them. 20 of the 25 doctors interviewed thought they had no such patients in need and one did not know, but 4 estimated that 29 of their patients ought to have help (the estimate of one doctor accounted for 24 of these). It can thus be calculated that the estimate from all G.P.s in the area would be 260.

The main reason given by the doctors for their patients not being allocated a home help, was that there are insufficient to meet the demand. One doctor said that what his patients needed to be done did not fall within the scope of what the home help is allowed to do, and gave the example of an elderly woman running a guest house who needed help in her kitchen.

About two-thirds of the G.P.s thought that where the home helps were attending, they should stay longer with their patients and three-quarters thought they should attend on more days a week. (71% had a home help only one day a week.)

Thirteen of the 25 G.P.s knew of patients who had had their home helps removed suddenly within the last 12 months, the estimated number of patients involved being 80.

Seven of the G.P.s said they had patients who should have home helps, or should have them for longer periods, but who refused this help because they could not afford the charges. One G.P. thought they could afford to pay, but were unwilling to do so, another thought they were unwilling to divulge their income.

These estimates from doctors are likely to be less than the actual need in that in a considerable proportion of cases, elderly people had not seen their doctor for quite a long period. Table 20 showed that about 32% of elderly people see their doctors regularly. Table 23 shows, for those who do not have or make regular visits, when the doctor was last seen.

TABLE 23

When elderly people, not regularly seen by doctor, were last seen by him

When last visited	Persons not seen regularly by doctor	
	No.	%
In last 2 weeks	47	12
Over 2 weeks and up to 1 month ago	26	7
Over 1 month and up to 2 months ago	41	10
Over 2 months and up to 3 months ago	26	7
Over 3 months and up to 6 months ago	53	13
Over 6 months and up to 1 year ago	62	15
Over 1 year and up to 2 years ago	55	14
Over 2 years and up to 5 years ago	59	15
Over 5 years and up to 10 years ago	17	4
Over 10 years ago	12	3
No. of persons on which % based	398(1)	100

(1) Excludes 16 persons not answering.

It may be, therefore, that need of home help cannot fully be estimated by reference to doctors, and the following method is suggested.

The need for home help is likely to depend mainly on whether the elderly person is able to get about and, if not, whether there is anyone else, either living within or outside the household, who helps If not, and they are mainly responsible for carrying out the duties themselves can they do so without difficulty

It has been shown that a higher proportion of elderly people who were not able to get out and about at the time of the survey needed home helps than did others We shall now examine whether household composition is another factor contributing to the need for home helps

We saw in table 9 that amongst the home help recipients a much higher proportion lived alone than in the general elderly population This would seem to indicate that there is a greater need for a home help amongst those living on their own

Those not usually able to get out and about

There were 46 people in this category, in households as follows

[illegible]	11
[illegible]	19
[illegible]	3
[illegible]	1
Couple living on their own	9
Couple living with their children	3
	46

Of the 11 living alone (all women) 3 had home helps All 3 said that the home help did most of the housework, but not the shopping or cooking They did their own cooking and one, aged 90, experienced some difficulty with it as she could not stand or walk without support She said she did manage to prepare a meal, but she would appear to be in need of some assistance with this All 3 had, at the time, satisfactory arrangements for shopping

Of the 8 living alone who did not have a home help, 4 did their own cooking without any difficulty, 2 had satisfactory arrangements for some one to come in to prepare their meals, but in 2 cases some difficulty was reported The first, a woman of 84 who was temporarily bedfast at the time, had her meals prepared for her by her 80 year old sister in law, who also did the shopping and housework As she said she did not get an adequate meal each day, she appeared to need the additional help of meals on wheels In the second case, the respondent, a woman of 64, prepared her own meals, but reported difficulty because she suffered from vertigo and was apt to faint. However, although housebound, she managed to get about the house on her own and had a married daughter nearby who came in regularly to do her shopping and housework, and with whom she often stayed over the weekend, so she was probably not in need of meals on-wheels

Only 1 of those living alone without a home help experienced any difficulty with shopping She ordered her groceries to be delivered but found the deliveries irregular She said she could not get fresh green groceries at all and, because of the lack of supplies, at times did not have 'much of a meal' She had no one calling on her regularly to do shopping for her This same respondent, a woman of 74, who could not walk without the aid of sticks also

experienced considerable difficulty with her housework which she did herself. Only one other did her own housework and experienced difficulty with it, in particular the heavy jobs, but 2, who had someone come in to do the housework, felt they needed more help. In one of these cases neighbours did the cooking, shopping and housework for the respondent, an 85 year old woman who had arthritis and could only walk a few yards, and the N.A.B. allowed her 14s. per week to pay the neighbours. She used to have a home help, but said the service was withdrawn when the arrangements were made for neighbourly help. She would, however, prefer to have the home help coming again, and she felt she needed more assistance with the housework.

Thus for those living on their own, and unable to get out, 2 experienced difficulty with cooking and needed meals-on-wheels, 3 needed a home help to assist with housework only (1 of whom already has paid neighbourly help) and 1 needs a home help to do both shopping and housework.

Of the 19 living with children, none had a home help. 7 were mainly responsible for the cooking, 2 experiencing some difficulty with it. In both cases the respondents were elderly women living with unmarried sons who worked full-time. In one a married daughter living nearby did most of the shopping and housework, but the respondent, who had difficulty in getting about the house and in reaching for pots and pans in the kitchen, felt she needed more help. She had applied for a home help, but was refused on the grounds that her daughter could help her. In the second case the shopping and housework were done by private domestic help, but the respondent, aged 80, had difficulty in moving about the house and was frightened of scalding herself while cooking. Although she said she would like additional help with household tasks, as the private help came 2 or 3 days a week, she was not really in need of a home help, but probably needed meals-on-wheels.

Only one of those unable to go out was living with another elderly person. This household comprised 2 sisters aged 75 and 80, the younger of whom was housebound as a result of a stroke. She was responsible for none of the household tasks, the sister doing the cooking and shopping without difficulty, and a home help doing the housework. In none of the 3 households where the old person lived with people under 65 years of age was the old person responsible for the housework or shopping, but in one the respondent did the cooking without any difficulty.

Elderly couples, one or both not able to get out

Amongst the elderly married couples interviewed there were no cases where both partners were usually unable to go out, but 12 where either the husband or the wife was permanently housebound. Of the 9 such elderly couples living on their own, only 1 had a home help, and she did most of the housework, the couple managing the cooking and shopping themselves without difficulty.

Three without a home help experienced difficulty in doing housework, 1 of these also experiencing difficulty with cooking and shopping. In this case the husband was permanently housebound and the wife, although she could go out, was partly incapacitated by arthritis, as well as by failing eyesight. She was responsible for all the household tasks and experienced some difficulty with them. They both said they would like to have a home help, and in fact

thought one was supposed to have come In the second case where difficulty was experienced in doing the housework the difficulty was a minor one, and as the couple lived in a 3-roomed council flat, probably did not warrant the services of a home help In the third case the wife, aged 77, who was unable to go out because of partial paralysis as a result of a stroke, experienced difficulty in doing the heavy jobs, window cleaning and those involving bending, kneeling and stretching, which she said she managed with 'perseverence' and the assistance of her husband aged 78 This couple lived in a 7-roomed house and it would appear that the wife could do with some assistance with the housework

There was a fourth case where, although no difficulty was reported, it would appear that the services of a home help were needed The wife was permanently housebound because of arthritis and a colostomy and the husband, aged 63, who worked full-time, was doing most of the cooking, shopping and housework The wife said she would like to have a home help, but thought they could not afford it, as they had been told it would cost 18s 6d per day [The husband's declared earnings were £12 per week, and on this income it is *unlikely that the full charge would have been made*]

In 2 of the cases of elderly couples living with their children, the more active partner was the wife and she did all the household tasks without any difficulty In the third the wife, an active 62 year-old, had had a nervous breakdown and was housebound because she was afraid to go out She managed without any difficulty the cooking and housework and had a satisfactory arrangement for getting the shopping

Thus for those unable to get out there was a need for

- 8 home helps,
- 4 meals on-wheels (2 in conjunction with a home help and 1 for a *person who already had a home help)*

Those able to get out

There were 563 elderly people in our sample usually able to get out and about in households as follows

	No of *Persons*	No of *Households*
[illegible]	153	153
	57	52
	36	30
	20	10
Couple living alone	240	148
Couple with their child(ren)	44	30
Couple with others 64 and under	8	5
Couple with others 65 and over	5	4
	563	432(1)

(1) Includes 11 households containing one respondent usually *not able to go out, which* have been dealt with under 'not usually able to get out'

Of those living alone, 9 had home helps, of whom 4 reported no difficulty with any of the household tasks 3 had difficulty with cooking only, 1 with cooking and shopping and 1 with shopping only 1 of those having difficulty with cooking was a woman aged 89 who said she could not see very well and

was frightened of handling saucepans. The home help did most of her housework and one of her children who did her shopping for her came in to see her every day so she was probably not in need of additional assistance. 2 others said they either did not feel like eating or could not be bothered to cook. The person who experienced difficulty both in shopping, because of walking to the shops, and in cooking, because of never having learnt how to do it, was a man. He said he went without meals, and he would certainly have benefited from the meals-on-wheels service. The woman who experienced difficulty in doing her shopping, because she could not walk very far, needed additional home help time to assist with the shopping.

Of those living alone, without home helps, 106 (74%) experienced no difficulty with any of the household tasks.

The remainder experienced difficulties with the following:

Cooking only	5
Shopping only	6
Housework only	9
Cooking and housework	5
Shopping and housework	9
Cooking, shopping and housework	4
	38

The difficulties cited in preparing a meal were mainly either psychological (not worth cooking for one person, etc.) or because of special diets. Most of those experiencing difficulty with shopping said this was because of the heavy carrying involved, or the distance from the shops, but most managed with help from relatives or neighbours. Those who did not have satisfactory shopping arrangements also experienced difficulties with housework that warranted the services of a home help.

Out of 27 having difficulty with housework, 16 either had only minor difficulties or overcame them with help from relatives or neighbours. 11 would appear to need some home help. 1 of these, a widow of 70, said she had been refused a home help by the supervisor on the grounds that there were others in more urgent need. She had apparently been recommended for a home help by a hospital medical social worker, and experienced difficulty in going up and down stairs and out of doors on her own. [Her doctor called to see her regularly every 2 or 3 weeks.] She did most of her own housework, but had difficulty with jobs involving bending, kneeling, etc., and relied on her daughter, who was working full-time, to come in once a week to do these jobs, as well as bring her in some shopping. Another, a woman of 78, who had difficulty with both shopping and housework, received some help from a neighbour, who was herself elderly and unable to do much. The respondent said she would like a home help, but did not know how to apply for one. [She visited her doctor regularly every week.]

Seven of the 57 old people living with their children and responsible for the housework, shopping or cooking, experienced difficulty with at least one of these tasks. 6 lived with children who worked full-time and 1 with a married daughter and her husband and two children. Neither the daughter nor her husband were working. The difficulties experienced, however, were either minor, or they were satisfactorily overcome, and none of those living with children were in need of a home help.

An examination of the 40 households containing single elderly people living with others shows that 6 had difficulty with housework. None had a home help, and in all but 2 of the cases the difficulties were minor 1 of the cases requiring the services of a home help was a woman of 72 who had her grandson and his wife living with her Both went out to work full time, and the grand daughter did most of the cooking and shopping. The respondent, however was responsible for doing most of the housework and experienced difficulty with most jobs because of arthritis. The second household consisted of two sisters, aged 71 and 77, the elder of whom was unable to do much in the house, leaving all the household tasks to the younger sister, who experienced difficulty in doing jobs involving bending, kneeling, etc.

Out of 145 elderly couples living alone, both of whom could usually go out only 2 had a home help Both couples said they would like additional help with housework, 1 mentioning that the home help did not come regularly every week. 39 households without a home help reported difficulty with one or more of the household tasks, mainly with housework Most of the difficulties were minor ones or were successfully overcome by assistance either from the more active spouse or from children living nearby There were 7 couples on their own who would benefit from the services of a home help

Two of the married couples living with other people appeared to need a home help Both lived with an unmarried son who was out at work all day

Thus for those able to get out and about there is a need for

home helps in 22 households,
plus extra home helps in 3 households,
and meals on wheels for 1 person

Therefore it can be estimated that the number of households needing help is

	Sample (609 people of retirement age)	Population of Sheffield Census 1966 (77,930 persons of retirement age)
Provision of home help	30 households	3 840 households
More time from home help	3 households	384 households

This would mean that the present service is only covering some 40% of estimated real need, and to meet the full need an extra 400 full time home helps would need to be employed

The elderly people were asked if there was anything that would lead them to refuse a home help and 3 of those whom we considered needed help expressed concern over paying for the help

Two people were doubtful about having home helps because they thought they would not do the work adequately, and another 2 included in the estimate said they would carry on as long as they could on their own None however said they would definitely refuse one so the estimate remains unaltered as above.

The most urgent need is for those not usually able to get out and about and for these the total estimated number of households is 1 020, calling for an increase in home help staff of some 100

All the informants were asked if they themselves thought they needed a home help 32 households considered they did of whom 18 were included in our estimate

Of the 14 other households, 9 had difficulty with one or more of the household tasks, or found them tiring, but in each case they had sufficient help from neighbours, friends, private help, or an able-bodied husband or child, or were coping on their own at a slow pace.

Two people thought they needed a home help for the daughter with whom they lived (respectively), but neither of the old people had disabilities, nor was there any evidence that their children encountered particular difficulty in looking after them. Two others said they needed help of a particular kind. 1 woman who looked after her husband and daughter wanted someone to come monthly and help with heavier household tasks which did not get done; the other wanted a home help for a brief period to look after her aged mother while she took a holiday.

The remaining case was a woman of 83 who was interviewed in hospital. Before entering hospital she had looked after herself without difficulty, but she now had heart trouble and a collapsed lung, and would probably need a home help when discharged, for a time at least.

If an estimate was made on the basis of the elderly person's own assessment of his need, then the number of households needing home help would be 4,090, of whom 2,300 would qualify under our criteria. An estimate made in this way would thus give an idea of the size of the general need, but could not be used to find the actual people who most require a home help.

II HOUSING FOR OLDER PEOPLE

The information in this section was obtained from the Housing Manager and other officials in the Housing Department on October 19th 1965.

1.0 PRESENT PROVISION

There were, at the time of interview, 6,509 old people's dwellings, of which 95 were bungalows (84 1-bedroom and 11 bedsitters), 728 bedsitter flats, and 5,686 1-bedroom flats. Not all this accommodation was occupied by people 60 or over.

1.1 WAITING LIST

There is a waiting list for old people's accommodation, which is open for further applications. A special waiting list is kept of those where a man is at least 60 years, and a woman at least 55 years old. There are 8,350 applications on this old people's waiting list, none of whom are Local Authority tenants. It has been estimated that some 85% of these are either tenants or owners of private dwellings, so that by rehousing them, some 7,000 properties would be available for letting or sale although not by the Department.

Any elderly person living in Sheffield can be placed on the waiting list for the elderly. Older people were having to wait, at that time, for some 12 years before they could expect a house, which is why would-be tenants were accepted for inclusion on the waiting list at age 55 for women, and 60 for men. The reason for this long wait was that the proportions of one- and two-roomed dwellings are small compared with those of larger dwellings.

In this area, the 1966 Census shows that 49·5% of all households contain one or two persons. Of these one or two person households, 53·6% contain

persons of pensionable age, that is, some 27% of all households in Sheffield consist of one or two elderly persons

Table 1 shows the proportion of L A housing suitable for small households

TABLE 1

Size of dwellings provided by Local Authority

No of rooms	No	%
1	204	0 4
2	2 566	5 5
3	7 498	16 1
4	19,347	41 4
5	16 099	34 5
6 or more	992	2 1
All sizes	46,706	100 0

Thus, only 6% of all Local Authority housing is the right size for small households In fact, a seemingly incongruous situation appears to obtain in Sheffield in that, while interviewing the officials of the Housing Department, the local newspaper was carrying an advertisement encouraging younger people with families who were living in sub-standard or inadequate accommodation, or were paying a higher rent than they could afford, to register for rehousing, as the department expected their waiting list for larger dwellings to be cleared within 2 years

1 2 FACTORS TAKEN INTO CONSIDERATION WHEN ALLOCATING OLD PEOPLE'S HOUSING

Anyone of pensionable age can be rehoused whatever their housing condition, provided they have been on the waiting list for long enough At the end of 1965, those who had registered in 1952 were, if they were still alive, being rehoused

The exception to this is that a small proportion of old people's housing is reserved for those with medical priorities If an elderly person is already a Local Authority tenant, and applies for rehousing on medical grounds, the Welfare Officers of the Housing Department assess the case and can make a recommendation that they be rehoused [1] If the applicant is *not* already a Local Authority tenant, he is referred to the Medical Officer of Health, who has a small number of places to be filled on his recommendation

The Council do *not* encourage Local Authority tenants who are occupying houses too large for their needs to move to smaller flats, as there is a greater shortage of one bedroom flats [See, however, Para 5 5(a)]

1 3 WARDEN SUPERVISED DWELLINGS

There are no dwellings in Sheffield which were specifically built with the purpose of housing frailer elderly people where a warden is supplied and a grant made, by the Welfare Department

[1] The M O.H is now also consulted in cases involving Council tenants who appear to justify priority transfer on medical grounds

There are, however, two schemes where wardens are in residence.

1. An estate of 208 flatlets (housing about 270 elderly persons) has attached a house which is let to the Social Care Department. The Social Care Department has installed a married couple as wardens, and also pays 4 domestic helpers. Their duties are described in the section dealing with welfare.
2. An estate of 26 one-bedroom flats, occupied mostly by married couples, each having their own kitchen, bathroom and w.c. There is also a separate communal building, and gardens cared for by the housing department. No special amenities such as central heating or a hot water supply are provided.

This accommodation was built with the aid of a grant from the Air Raid Distress Fund, and the original lettings were made to elderly people who had lost their homes through air raid activity, although this has now been discontinued for relets.

No special qualification or conditions are laid down for consideration for rehousing on either of these two estates.

1.4 REHOUSING OF OLD PEOPLE IN 1964-5

The records for rehousing of elderly people are not kept separately from the rest of the population. However, the Council of Social Service is advised in all cases where elderly persons have been or are being rehoused.

From January 1964-October 1965, 1,335 such notifications were made, that is 1,335 dwellings were allocated to one or two person households where at least one person was 60 or over.

1.5 FUTURE REHOUSING

Three hundred and five 1-bedroom flats and 7 bedsitters were in the course of construction, to be ready for occupation in the very near future. In addition, 2 bedsitters are expected to be ready in November 1966, and 22 bedsitters and 8 one-bedroom dwellings in a warden-supervised scheme are expected to be ready for occupation January/February 1967. As part of a continuous building programme 488 one-bedroom dwellings without warden are under construction, and a further 427 are in contracts not yet started. All this accommodation is being planned for persons aged 60 years or over.

From 1956-1965 the proportion of one-bedroom dwellings approved by the Council for the building programme has been 25%. For 1965-70 the City Council has raised the target of one-bedroom dwellings to a minimum of 30%, with a possibility of this proportion being exceeded in certain favourable redevelopment areas.

2.0 PEOPLE REHOUSED IN LAST 2 YEARS

2.1 THE SAMPLE

To get some idea of the background of those being rehoused, a sample of 111 households rehoused January 1964 or later was drawn by taking every 12th name, from a random start, from the list of notifications to the Council of Social Service. The ages of tenants were not given, but the fact that they were on this list meant that it could reasonably be assumed that they were 60 or over.

At 9 addresses the tenant(s) were under 60, 1 being a cripple. At another the tenant named had moved, and at 1 address the tenant informed the interviewer she had lived there for 33 years.

The remaining 100 addresses contained 134 persons 60 or over

Six persons were not contacted 1 being in hospital with a stroke, 2 too ill to be interviewed, 2 out at work and not available at other times, and 1 woman who was not in when the interviewer made repeated calls, or, since the neighbours said she was not deaf, would not answer the door

Four people (2 married couples) were not interviewed In 1 case the husband said they were all right, needed no help, and he did not want to get mixed up in anything controversial He would not let us see his wife In the other, the wife didn't want her husband bothered, and refused on her own behalf

One hundred and twenty four persons (92 households) were interviewed, although 1 schedule was later rejected as the man concerned had married the tenant, so that details of his previous dwelling would not be relevant as they were not the reasons for his being rehoused

Thus 93% of those eligible for the sample were interviewed

2.2 AGE, SEX AND MARITAL STATUS

The present ages of men and women in our sample are shown in Table 2.

TABLE 2

Present age of men and women rehoused in last 5 years

Age	Men	Women	Both sexes
	%	%	%
60–64	2	19	14
65–69	34	28	30
70–74	34	26	29
75–79	20	19	19
80 and over	10	8	8
All ages No on which % based	44	79	123

There is a far higher proportion of women aged 60-64 than men in the same age group, but this is probably due to the tendency of men to marry women a few years younger than themselves

44% of the people rehoused were under 70, which meant they had applied for rehousing well before becoming 60 years old With the very long waiting period it is not surprising that nearly 60% of those rehoused are 70 or over

7% of those rehoused were single people 38% widowed or divorced, and 55% were married

2.3 HOUSEHOLD COMPOSITION BEFORE MOVING

Before being rehoused 46% lived alone and 41% with spouse only Only 1 married couple lived with married children and grandchildren 7% 'single' elderly persons lived with married children (including 1% where there were also grandchildren in the household), and 1% with an unmarried child

2% of 'single' elderly people lived with other relatives under 65 years of age, and 2% with non-relatives.

Where an elderly person or couple had lived alone, over two-thirds had no children living near who could help them. 25% had children living near who did help, and 7% had children living near who did not help.

Of those 26 persons who had children who helped, 6 had moved too far away for the children still to help them, although 20 said they lived near enough and were still helped.

2.4 LENGTH OF TIME LIVED IN SHEFFIELD

97% of those rehoused had lived in Sheffield for 40 years or more; none had lived in the City for less than 10 years, as was to be expected.

3.0 PREVIOUS ACCOMMODATION

3.1 LENGTH OF TIME IN ACCOMMODATION PRIOR TO REHOUSING

Asked how long they had lived in the accommodation from which they were rehoused, 8% had been in their previous accommodation for less than 5 years, 10% between 5 and 10 years, and 16% for between 10 and 15 years. This means that some 30% of elderly people had moved at least once since applying for rehousing. Almost 60% had lived in their previous accommodation for 20 years or more.

3.2 TYPE OF DWELLING AND AMENITIES OF PREVIOUS ACCOMMODATION

(a) Ownership/tenancy of previous dwelling

Table 3 shows the tenancy position of households and persons immediately prior to rehousing.

TABLE 3

Tenancy of previous dwelling

Tenancy of previous dwelling	No. of people aged 60 and over	No. of households
Owner occupier	10	6
L.A. tenant	49	40
Rented	58	41
Boarder	5	4
Rent free	1	1
All tenancies	123	92

Equal numbers of households were rehoused from Local Authority and privately rented accommodation, although more two-person households came from the latter. Thus a high proportion (43%) of households were transferred from other Council property. Since only 32% of elderly person households in Sheffield live in L.A. property, it might appear that a L.A. tenant has some priority in rehousing, but it must be remembered that some of these households were only Council tenants because the Council had become responsible for the property under Slum Clearance Orders.

(b) Sharing amenities
Table 4 shows the number of persons with the sole use of amenities i e kitchen bathroom and w c in their previous dwelling

TABLE 4
Number of persons with different types of tenancies sharing or lacking amenities

Use of amenities	Tenancy of previous dwelling					All tenancies	
	Owner occupier	L.A tenant	Rented not Council	Boarder	Rent free	No	%
Had sole use of all amenities	2	9	11	3	1	46	37
Lacked shared bathroom only	7	8	30	2	—	47	38
Lacked shared w c. only	—	—	2	—	—	2	2
Lacked/shared kitchen only	1	—	—	—	—	1	1
Lacked shared bathroom and w c	—	4	2	—	—	6	5
Lacked shared kitchen and bathroom	—	2	2	—	—	4	3
Lacked shared all amenities	—	6	11	—	—	17	14
All persons	10	49	58	5	1	123	100

More than a third of the rehoused had had sole use of all three amenities in their previous accommodation and a similar proportion had sole use of kitchen and w c. A low proportion (14%) lacked or shared all three amenities—but this is not surprising in view of the fact that present housing conditions are not taken into consideration when allocating places

4 0 ACCOMMODATION AFTER REHOUSING

4 1 TYPE OF ACCOMMODATION
Five of the persons interviewed were now living in bedsitters 67 (49 households) in 2 room and 51 (38 households) in 3 room flats or bungalows 29 of the latter were rehoused because of slum clearance 22 of the 3 room flats contained one old person living alone

4 2 HEATING
Twenty three of the 92 dwellings were equipped with central heating and this was supplemented with an electric fire in only 2 cases However 15 of the 16 households which had electric floor warming used an electric fire as well 35 households used solid fuel as their main form of heating 9 were using gas fires 7 electric heaters only and 2 had oil heaters

Of the 111 informants who had spent a winter in their new homes 89 said that they found their main living room warm enough but 22 did not find it so 7 of these complained about structural defects in the dwelling (draughts dampness etc.) 6 said their heating apparatus was not adequate and 4 said they could not afford to keep the place warm enough

4 3 DISTANCE MOVED FROM PREVIOUS ACCOMMODATION
The distances informants had to move when they were rehoused are shown in table 5

TABLE 5

Distance moved from previous address

Distance moved	No.	%
Less than 5 minutes	3	2
5–10 minutes	12	10
11–15 minutes	12	10
16–20 minutes	11	9
21–30 minutes	32	26
31–45 minutes	20	16
46 minutes or more	33	27
All distances	123	100

The proportion of people moving some distance from their previous homes is high; 78% of informants moved a distance involving a journey of over 15 minutes, and 43% over half-an-hour. However, only 10 of the 96 who moved a distance of more than 15 minutes objected to this at the time, and 5 of these were now satisfied about the move.

5.0 DID REHOUSED WANT TO MOVE?

Sixty-nine of those rehoused wanted to move, 46 had to, and 8 both wanted and had to move.

The reasons given for moving are shown in table 6:

TABLE 6

Reasons for moving

Reasons for move	Had to move	Wanted to move
Lack of amenities	—	5
Slum clearance/redevelopment	47	2
Health reasons	1	16
Financial reasons	—	7
Pressure from family	2	4
House/garden too big	—	20
Wanted place of own/security	—	6
House in bad condition	—	10
Given notice to quit	1	—
Retired from tied accommodation	3	2
To be near children/relatives	—	12
To be nearer town	—	14
Didn't like previous Council house	—	1
All reasons	54	99
No. of persons answering	54	77

The majority of people who had to move did so for slum clearance. Among those who chose to move, the main reason given was that their previous house was too much for them to manage (half of the informants giving this reason had transferred from other Council property). The other most frequent reasons given by those who wanted to move were bad health, wanting to be nearer the town or relatives, and bad housing conditions.

Of those that said they had to move, 17 were Council tenants, all being moved because of slum clearance or redevelopment. Some of these had been

living in old houses which had been taken over recently by the Council for slum clearance Of the 32 people who transferred from one Council dwelling to another at their own request, 10 gave health reasons (wanted place without stairs, etc.), 10 said their previous place had become too much for them to manage, and 10 said that they moved to be near their families This latter reason was given by only 2 of the people previously in privately rented accommodation

6 0 LENGTH OF TIME ON WAITING LIST

The length of time informants had been on the waiting list before being rehoused is shown in table 7—those who said they both had and wanted to move are included with those who had to, but didn't necessarily want to

TABLE 7

Length of time on waiting list before being rehoused

Length of time	Had to move	Wanted to move	All persons
Never	18	5	23
Less than 3 months	5	3	8
3 months but less than 6 months	—	3	3
6 months but less than 1 year	3	5	8
1 year but less than 2 years	—	1	1
2 years but less than 3 years	4	3	7
3 years but less than 4 years	3	2	5
4 years but less than 5 years	2	2	4
5 years but less than 6 years	—	3	3
6 years but less than 10 years	9	18	27
10 years or more	8	24	32
All lengths of time	52(1)	69	121(1)

(1) Excludes 2 people who could not remember length of time

TABLE 8

Reasons for move by length of time on waiting list of those among the rehoused who wanted to move

Reasons for move	Length of time on waiting list: Never	Less than 1 year	1 year less than 5 yrs	5 yrs less than 10 yrs	10 yrs or more	All lengths of time
Lack of amenities	—	—	—	1	4	5
Slum clearance/redevelopment	—	—	—	2	—	2
Health reasons	—	3	2	6	5	16
Financial reasons	—	—	—	1	6	7
Pressure from family	—	1	—	—	3	4
House/garden too big	1	6	3	4	6	20
Wanted place of own/security	—	—	—	1	5	6
House in bad condition	1	—	1	3	5	10
Retired from tied accommodation	—	2	—	—	—	2
To be near children/relatives	3	5	1	2	1	12
To be nearer town	2	2	4	3	3	14
Didn t like previous Council house	1	—	—	—	—	1
All reasons	8	19	11	23	38	99

As would be expected, a large number of those who had had to move were never on the waiting list, but an equal number had been on the waiting list for 6 years or more. Almost two-thirds of those who chose to move had been waiting for 6 years or more, and over a third had been waiting 10 years or longer.

Let us see whether, for those who wanted to move, the length of time on the waiting list is determined by the reasons given for the move—table 8.

Although the housing department say that they will rehouse people out of turn if they have a health problem, 11 of the 16 giving health as the reason for their move had been waiting 5 years or more, this being a higher proportion than those giving other reasons, such as house too big, or wanting to move nearer friends or town. A high proportion of these latter groups had been moved comparatively quickly, 8 of the 12 who wanted to be nearer their families had been rehoused in less than a year. A further examination of these 12 people showed that 10 of them were previously Council tenants who had transferred their tenancies, 7 of these going to accommodation with less rooms than their previous home. Let us therefore compare the reasons given for their move of those previously in Local Authority and other housing—table 9.

TABLE 9

Reason for move of those who wanted to move, comparing Local Authority tenants with others

Reasons for move	L.A. tenants		Others		All tenants	
	No.	%	No.	%	No.	%
Lack of amenities	—	—	5	11	5	6
Slum clearance/redevelopment	—	—	2	4	2	3
Health reasons	10	31	6	13	16	21
Financial reasons	—	—	7	16	7	9
Pressure from family	1	3	3	7	4	5
House/garden too big	10	31	10	22	20	26
Wanted place of own/security	1	3	5	11	6	8
House in bad condition	2	6	8	18	10	13
Retired from tied accommodation	—	—	2	4	2	3
To be near children/relatives	10	31	2	4	12	16
To be nearer town	4	13	10	22	14	18
Didn't like previous Council house	1	3	—	—	1	1
No. of persons on which % based*	32		45		77	

*Percentages add to more than 100 since some informants gave more than one reason for moving.

We see that 31% of Local Authority tenants compared with 13% of those from all other tenancies gave health as their reason for wanting to move; 31% compared to 20% because their previous home or garden was too big, and 31% compared with 12% to be nearer their family. This indicates that old people already living in Council accommodation are likely to be found places in purpose-built old people's housing in proportionately higher numbers than those in the private sector, and reasons for movement such as bad health seem to carry more weight in these cases. This is confirmed by table 10 which shows that 36 (73%) of Council tenants were rehoused in under 5 years compared with 23 (32%) of other old people.

TABLE 10

Length of time on waiting list of Council tenants

Length of time	L.A	Non L A	All rehoused
Never	10	13	23
Less than 1 year	13	6	19
1 year but less than 5 years	13	4	17
5 years but less than 10 years	6	24	30
10 years or more	7	25	32
All lengths of time	49	72	121*

*Excludes 2 people not answering

7 0 WARDEN SUPERVISED ACCOMMODATION

Only 10 of the rehoused (7 households) were living in old people's accommodation with a warden 3 of these said that they normally never see the warden and 1 couple who had lived in their flat for a year said that the warden had never been to see them The number in sheltered housing is rather too small to compare with the others rehoused Although half of those in warden accommodation had some difficulty in going out of doors compared with 24% in ordinary housing these 10 people are not older than the rest of the rehoused sample

8 0 OTHER WELFARE SERVICES

Let us examine whether being rehoused leads to a greater use of the other welfare services Table 11 shows the use of these services before and after rehousing

TABLE 11

Number of people receiving welfare services

Welfare service	Before rehousing	After rehousing
Home help	11	16
Meals-on wheels	4	—
Health Visitor	8	5
District Nurse	1	1
Welfare chiropody	11	15

There is an increase in the number of people seeing a welfare chiropodist after rehousing and more people were receiving home helps than before In fact, 6 people had started having a home help since they moved, and 1 had stopped having a home help However, 4 people who were having meals on wheels before rehousing had now stopped, and fewer were being attended by the Health Visitor—this may be because they could now manage to do things in the purpose built housing that were difficult in their previous homes

9 0 VIEWING THE ACCOMMODATION AND MOVING

Only 3 of the sample were shown over their new accommodation by an official from the housing department 11 people never saw their new flat before they actually moved in in these cases the arrangements being made by

another member of the family. 6 informants said that as they had exchanged their flats by arrangement, they were shown over by the previous tenant Of the remaining informants, 76 (62% of sample) went to see the house by themselves, and 27 (22%) were taken by a relative or friend.

Almost 1 in 5 had under a week between accepting the flat and the start of their tenancy in which to make their arrangements. A further 3 in 5 had up to 2 weeks, and 16% had up to 3 weeks. 7 people said they were given longer than this.

Twenty-two (18%) of the informants said they would have appreciated more time to make their arrangements, but none of them had requested that their tenancy be held up.

9.1 DIFFICULTIES WITH THE MOVE

Nine of the 123 old people said that they had had difficulty in getting gas and electricity laid on when they moved and 7 of these had no help—2 enlisted the help of relatives. Almost a quarter of the informants did not know that they could have access to the flat before their tenancy started to take measurements, etc. 15 of these did it all after they moved in, 6 used the curtains etc. that they already had, 6 had got someone else to take the measurements, and 2 paid rent for a week while they fixed things before they moved in.

Twelve (10%) of the informants had no help with the actual move, only 1 of these saying that she had any difficulty and that she would have liked some help from the Council. The majority of the others (85% of sample) received help from relatives and friends.

10.0 ASSESSMENT OF HOUSING NEEDS ON LOCAL AUTHORITY CRITERIA FOR REHOUSING

The Sheffield housing department will accept on its list for old persons' accommodation any man aged 60 or over, and any woman aged 55 or over who wishes to apply, and they will be rehoused in due course in order of application, although exceptions are made on health grounds. Therefore any person of retirement age may be considered as eligible for rehousing if they want to move.

Of the 609 people interviewed on the general old people's sample, 170 (28%) said they would like to move, and 4 were already in the process of moving. The main reason given for wanting to move was because their present house or garden was too big to manage (32% giving this reason) followed by those who wanted to move to be nearer to family, or to the town, etc. (27%), those wanting a different type of dwelling, usually mentioning wanting one without stairs (22%), and those wanting a place with better amenities (21%). These reasons are very similar to those given by the people who had already been rehoused (see table 6).

Not all the people who said they wanted to move had applied to the Council for rehousing, only 93 (55%) having done so. Of these, 85 were now on the waiting list (11 had already turned down one offer of accommodation) and 2 were about to be rehoused. One woman had been told that she would be rehoused sooner through slum clearance than through the normal channels, and it was therefore not worth putting her name on the list. 5 people said that their applications for rehousing had been turned down. 3 of these

were already living in Council accommodation and the housing department didn't think there were sufficient grounds for transferring them One was a woman of 69 who had applied over five years ago for a particular almshouse, which she had been refused because it was let to couples, not a single person; the other was a woman of 79 who had applied over 10 years ago and said she had been refused at that time because she had a ho[illegible] her own No doubt if she were to apply aga[illegible] [illegible]list, she would also seem to [illegible] is in bad condition and she [illegible]

The [illegible] seems to bear out the housing department's policy that anyone who wants to can be put on the housing list Why then have the other 77 persons who wanted to move not applied to the Council for rehousing?

Twenty-one of these informants said they would not accept a Council place if it were offered to them although in only 6 cases was it because they had objections to being a Council tenant Although the other 15 said that they wanted to move, they were in fact unlikely to, because of circumstances such as the people they lived with not wanting to move, or because they wanted to move right away from the area

The reasons given by the other 56 persons who had not applied to the Council for rehousing are shown below—table 12.

TABLE 12

Reasons why people who wanted to move and who would accept a Council place had not applied for rehousing

Reason	No. of [illegible]
No need to (will be rehoused for slum clearance anyway)	[illegible]
Thinks no use applying	[illegible]
No immediate need—implies may apply later	[illegible]
Doesn't know how to apply	[illegible]
Thinks Council rents too high	[illegible]
[illegible]ther person in household wouldn't move	[illegible]
[illegible]hinks best to stay in present home	[illegible]
[illegible]ouncil haven't desired type of accommodation	[illegible]
[illegible]ants to move right away from area	[illegible]
[illegible] reasons (excludes 1 person not answering)	[illegible]
	[illegible]

[illegible]ere seems to be no reason why the 34 people [illegible] should not have their names on the [illegible] no immediate need, since the waiting period [illegible] explanations given by those who think [illegible] [illegible]re owner-occupiers, or too old, or [illegible] people in the second group would [illegible] [illegible]uncil accommodation, and we will [illegible] [illegible]e, but given a change of circumstances [illegible] [illegible]re living with, they might wish to apply

[illegible]umber of people in our sample of [illegible] [illegible]ore as follows

88 persons who had applied to the Council for rehousing. [This excludes the 2 who were about to be rehoused, and 3 whose application for a transfer had been rejected by the housing department.]

34 who had not applied to the Council, but would like to move into L.A. accommodation.

122 Total.

These 122 persons comprise 98 households as follows:

Old person living alone	34
Old person + unmarried child(ren)	7
Old person + married child(ren)	4
Old person + relative 65 or over	2
Old person + relative 21–64	4
Old person + other person under 21	1
Married couple living alone	40
Married couple + unmarried child(ren)	4
Married couple + married child(ren)	1
Married couple + relative 65 and over	1
	98

If we assume that those living with married children would wish to be rehoused on their own, whereas those with unmarried children are likely to want their children to form the new household with them, the accommodation needed by these 98 households would be as follows:

39 single units for people who would move on own
41 double units for married couples
13 larger units for old person + unmarried child or other relative
5 larger units for married couples + unmarried child or other relative

98

and the estimated need for the whole of Sheffield would be [based on the 1966 census figure of 77,930 persons of retirement age in the City]:

Single units	4,990
Double units for married couples	5,250
Larger unit for single old person+other	1,660
Larger unit for married couple+other	640
	12,540

Of the above 98 households, 18 were at present in Local Authority housing, 2 in ordinary flats, 9 in houses and 7 in old persons' housing. The latter all said, in fact, that they were quite happy with their present accommodation, but 3 wanted to be nearer their family or friends, 2 wanted to be in a different neighbourhood and 2 wanted a ground floor flat or bungalow because they had difficulty with stairs in the access to their flat. 5 of these had applied to the Council for a transfer, 1 of the 5 now being on a priority list for a ground floor flat.

If we exclude these 7 households from our estimate, because they are already in old people's accommodation, it becomes:

	In Sample	In Sheffield
Single units	34	4,350
Double units for married couples	40	5,120
Larger units for single old person + other	12	1,530
Larger unit for married couple + other	5	640
	91	11,640

a list of the services provided We know that the list does not exhaust the many needs of the elderly and if you feel that any other form of help would be of value the Council hopes that you will get in touch with any of the officers whose names appear in the list all of whom will only be too pleased to give assistance'

The inside pages contain full details of the services (including housing) together with the name of the official responsible the full address telephone number and extension where applicable

The back page in block capital letters reads —

'REMEMBER THAT THESE SERVICES ARE PROVIDED TO HELP YOU AND YOUR FAMILY IF YOU NEED ANY ASSISTANCE WHICH IS NOT LISTED PLEASE DO NOT HESITATE TO GET IN TOUCH WITH ANY OF THE CORPORATION OFFICERS WHOSE NAMES AND TELEPHONE NUMBERS ARE GIVEN OVERLEAF THEY WILL ALL BE PLEASED TO OBTAIN FURTHER INFORMATION FOR YOU'

1 4 CLUBS

The C S S organise clubs both in the areas and centrally There is a meals club at the Central Social Services House where non housebound elderly can get meals The charge is 1s 6d if the recipient produces a Pensions Book or 3s 6d if not a pensioner There is a Hobby Room where people can paint mend shoes or do other handicrafts and this is open to members and non members

There are 74 S C.C clubs in Sheffield Some clubs open every day others vary There are 2 clubs which open in the evenings and some half day clubs meet in members' houses In addition there are 8 W R V S clubs and some Church Clubs The Health Committee also has 7 centres for the handicapped 70% of whom are people aged 60 and over where social handicraft and occupational facilities are available

1 5 CHIROPODY SERVICE

There are 3 full time and 5 part time chiropodists and 2 or 3 chiropodists who do domiciliary visiting[1] In the last year it was estimated that 11 700 treatments were given at 26 clinics and 25 domiciliary visiting sessions each week

Applications for the service from doctors or District Nurses are not checked other than to determine whether the patient is able to attend the clinic or if it is essential that domiciliary treatment be provided Otherwise the Health Visitor investigates and decides whether treatment is necessary

The fee is 1s 6d per treatment (both feet are considered as 1 treatment)

Over half of the G P s interviewed made some criticism of the chiropody service mostly of the need to extend the service particularly in relation to

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[1] Two further full time chiropodists have since been appointed and 1 part time has left making a total on December 31st 1966 of 5 full time and 4 part time chiropodists The City Council has also taken over the chiropody service provided by the Council of Social Service in their clubs and a total of 4 600 patients were given 16 300 treatments in 1966 [Annual Report on the Health of the City of Sheffield 1966]

domiciliary visits, or the provision of transport to enable those not house-bound, but who find it difficult to travel, to get to the clinic.

One G.P. suggested that the chiropody service should be an N.H.S. auxiliary, and 3 wanted more contact between the chiropodist and themselves.

Asked if they had any elderly patients who would benefit from treatment but were not getting it, 14 of the G.P.s said they had, and 8 said they had not such patients. 3 of the G.P.s said they did not know.

Three blamed the patients themselves for lack of treatment, saying they didn't bother to make appointments, or had bad habits such as wearing wrong shoes. Others blamed the lack of chiropodists (1 referring to a long waiting list), or they thought that patients could not get to clinics and could not obtain domiciliary service.

1.6 HOME NURSING

The Home Nursing Service is under the supervision of a Superintendent at the Johnson Memorial Centre. There are 2 other centres, each of which has a general administration assistant and a relief superintendent. There is a senior nurse in each district who substitutes for the administrator when necessary. In all, the nursing staff consists of:

42 full-time S.R.N.s and S.E.N.s
29 part-time S.R.N.s and S.E.N.s

Most of the nurses are district trained, those who are not being due for training. The cost of training is borne by the City, the nurses being responsible only for the examination fee. There are also 4 bath attendants, who work under the supervision of the nursing staff. These bath attendants work part-time doing 1 district per morning, although on occasions they work in the early afternoon or evening.

The shortage of geriatric beds imposes a strain on the case loads of the nurses, although a good relationship exists between the nurses and the consultant geriatrician, who does all he can to help them. There are clerical secretaries at each centre who fill in the patients' record cards, this leaving the nurses more time for the nursing work. The use of bath attendants also leaves the nurses more free.

The number of visits (not cases) covered in a month varies between 21,000 and 23,000, an average of 300 visits per nurse, per month. While the Superintendent does not consider the service is in desperate need of more nurses, she feels that more would be advantageous.

Many of the G.P.s paid tribute to the District Nursing Service, but some still thought the service inadequate. 2 of the 28 G.P.s interviewed said they had difficulty at times getting a nurse for acute illnesses, and 7 for chronic illnesses. Nearly a third of the G.P.s thought there should be more nurses and some thought they should be provided with better means of communication, such as motor cars and radio-telephones.

Four doctors mentioned that there should be more auxiliary services such as S.E.N.s, physiotherapists and bathing attendants. Only 7 of the 28 doctors were aware that a bathing service was in existence; almost all of those not aware of the service thought it would be a good idea to have one!

Eight doctors said they had recommended patients for hospital who could have stayed at home had night nursing been available(*) and 1 said that he

(*) A limited night nursing service has now been in operation since May 1967.

had had to send patients to hospital because the home help and District Nurse services were too hard pressed

1 7 HEALTH VISITOR SERVICE

There are 48 50 Health Visitors in Sheffield and we were told by the Super intendent Health Visitor that by visiting the Health Visitors provide a service where it is most needed For example when there is a meals on wheels waiting list they visit all persons getting meals on wheels and cancel the meals service where they think recipients can manage so that others more needy can benefit from the service

In October 1965 the Health Visitors had 893 cases on their books They are not attached to G P practices although the Superintendent says some doctors are eager to have this attachment She mentioned some 4 out of about 250 practices in the City where the Health Visitor works 1 day a week with the G P on special cases

There is difficulty in recruiting Health Visitors The Superintendent mentioned the long extra training and the fact that in health visiting it is much less usual to see immediate results from the visit which is discouraging as being 2 reasons for the difficulty in getting a sufficient number of trained staff In order to make the best use of the Health Visitor s services lay workers perform clinic attendance duties (which are partly clerical) so that Health Visitors can actually visit and not become administrators

G P.s' opinion of the Health Visitor service

Fourteen of the 25 G P s interviewed thought the Health Visitor service was adequate 8 thought it not adequate and 3 didn t know 17 of the 25 G P s thought that elderly patients would benefit if H V s were attached to G P s other suggestions for improving the service being to increase the number of visitors or to re arrange their duties

1 8 HOME LAUNDRY SERVICE

There is a free service which provides for the laundering of sheets or the provision of incontinence pads Disposal of soiled incontinence pads it was anticipated might be difficult for those living in smoke controlled zones of the city and the Health Department provided water proofed paper bags which are collected on alternate days for incineration [1]

1 9 LOAN OF EQUIPMENT

Medical and sick room equipment is available for loan from a number of centres in the City There is no charge for this service

1 10 WELFARE SERVICES AT EMERSON CRESCENT FLATLETS

The Social Care Department employ 2 resident Welfare Attendants and 4 part time assistants to give assistance to the elderly people residing in flatlets on the Emerson Crescent estate

There are 208 flats on the estate housing at the time of interview 268 elderly residents 65 residents almost one quarter availed themselves of the scheme Details of the services performed are sent to the Welfare Officer and in July 1965 the help given was as follows —

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[1] The total number of patients suppl ed with pads in 1966 was 458 us ng 116 300 pads

Classification of Services Performed, July 1965	*No. of Duties*
1. Domestic Services:	
(a) Fires lit	680
(b) Beds made, etc.	395
(c) Flats cleaned	25
(d) Meals prepared	345
2. Shopping for residents	218
3. Pensions and allowances collected	148
4. Medicines collected	54
5. Special calls for doctors	16
6. Nursing duties necessary	300
7. Social contacts made	35
8. Repairs to property reported	11
9. Miscellaneous	1,599
	3,826

IV RESIDENTIAL HOMES

The following information on Residential Homes was given by officials of the Social Care Department on October 19th 1965.

1.0

There are 14 Residential Homes run by the Social Care Department, the smallest catering for 23 men, and the largest for 223 elderly people (145 men and 78 women). This latter is part of the Fir Vale Infirmary. Of the 14 Homes, 3 are for men only, 4 are for women only, the other 7 catering for both men and women. Only 4 of the 14 Homes are purpose-built, all of these taking both men and women, a total of 50 men and 143 women out of the 721 residents in all Homes., i.e., 27% of all residents are in purpose-built Homes.

There is a waiting list of 191 men and 571 women. There are also 2 Voluntary Homes, one run by the Council of Social Service, and the other by the Sisters of St. Elizabeth, who will take people from the Sheffield Social Care Department if they have suitable people to fill the vacancies.

The Council of Social Service Home has a dual function. It is used as a short-stay Home for elderly patients, and also as a permanent Home for retired professional people.

1.1 ALLOCATION TO HOMES

Welfare Offices, in allocating places, try to take into account not only the physical characteristics of the elderly person, but their wishes, although this is not always possible. They always try to get a resident into a Home near their old home, and they will sometimes suggest that they go into private nursing homes until such time as a desirable vacancy occurs.

They advocate a trial period of 2 or 3 weeks in a Home before the resident gives up her own home. The housing department (where the resident is a

Local Authority tenant) and the National Assistance Board co operate in keeping the old home going.

If residents have to go to hospital, their place is retained until the doctor says they will not be coming back, places are held for as long as 2-3 months

1 2 REGULATIONS IN THE HOMES

It is laid down in the Social Care Department rules that residents can have visitors at any time (except meal times) There are also utility rooms provided (1 on each floor) where residents can make cups of tea for themselves and/or their visitors at any time There are also alcoves with 2 or 3 chairs and a coffee table where visitors can be entertained privately, rather than in the residents' lounge or bedrooms

There are no restrictions on when residents can use their rooms If they wish to sit in their own rooms, they are free to do so Entertainments are laid on, coach tours, film shows, concerts etc, which they can attend or not as they wish

Those who wish to help 'about the house' are encouraged to help wash up make beds, etc.

With the exception of those in Firvale residents are allowed to retain their own G P if they want to There is no occupational therapist for Residential Homes at the moment, but an appointment is being considered

1 3 SHORT-STAY PLACES

Sheffield offers short stay places in Residential Homes to allow relatives to go on holiday This is used mainly in summer, between May and September The usual stay is 2-3 weeks, but it can be extended to a month In some cases there is difficulty in getting the relatives to take the resident home again [A similar situation applies where patients are taken into hospital for short stays] In 1965 there were about 70 short stay cases

1 4 SELECTING RESIDENTS

All applicants are seen by one of the 9 Welfare Officers (The establishment is going to be increased by 2 officers to comprise 10 Welfare and 1 Senior Welfare Officer There are also 5 welfare assistants and a training officer)

The applicants are graded by emergency of need into three categories and there is a weekly conference at which priorities are discussed and allocation made

1 5 REVISING THE WAITING LIST

Welfare Officers make revision visits sometimes visits are made after 6 months but there are some cases where a weekly visit is made

1 6 QUALIFICATION FOR ADMITTANCE

Bedfast elderly persons are not considered as eligible for admission to a Residential Home, but housebound persons are accepted They are taken if they have difficulty in negotiating stairs etc, but have to wait until there is a vacancy in a Home with a lift, or where they can get a ground-floor room

Most of the Matrons are S R N s or S E N s and are willing to accept patients who need some help with washing and bathing Where there is evidence of mental confusion the Social Care Department have to be very

careful as to the choice of Home, as they can disrupt the smooth running. There is considerable difficulty in getting patients into the Firvale Infirmary, because of difficulty in recruiting nursing staff. (The Geriatric Consultant confirmed that Firvale was closing 120 beds due to the shortage of nurses.)

Having a high income is not a bar to entering a L.A. Home, as we were told that income is only discussed when a place has been allocated. Later it transpired that where appropriate, a private nursing home was suggested, a place in a Social Care Home to be allocated when money ran out.

1.7 REPLACING HOMES

A start has been made to replace Firvale. The first scheme providing 40 places is expected to be ready for occupation in May 1967, and a second is under construction. Ministry approval has been obtained for a further 3 Homes for the coming 3 financial years, to complete the evacuation.

Negotiations were in progress to acquire another site for a further Home.

1.8 STAFFING DIFFICULTIES

We were told there was considerable difficulty in getting administrative and domestic staff for Welfare Homes. There was great competition for female labour in Sheffield, and female attendants, cleaning staff and cooks were in very short supply.

2.0 THOSE IN RESIDENTIAL HOMES

THE SAMPLE

From the 721 residents, a sample of almost 1 in 10 was chosen, yielding 69 names, 30 men and 39 women, about one-third being in Firvale, the large institution. 2 men and 3 women were found to be ineligible, as they were under retirement age at time of interview. (The men had been admitted at the age of 51 and 61 and the women at 54, 51 and 47. In addition, there was 1 man who was now 65, but who was 64 when admitted. He was interviewed, as we would need to consider whether he could now live in his own home.)

Four women, all well over 80, could not be interviewed as they were not fit to answer the questions rationally.

Two men of 84 and 85 could not be interviewed, as 1 had had a stroke that day, and another was in hospital having recently had a stroke. 2 women, 1 aged 84, the other 69, were totally deaf, and so could not be interviewed.

The remaining 56 residents (26 men and 30 women), 88% of those eligible, were interviewed.

TABLE 1

Age of residents now, and at admission

Age group	At admission			At time of interview		
	Men	Women	All	Men	Women	All
60–69	4	7	11	2	3	5
70–74	6	3	9	4	4	8
75–79	10	8	18	10	7	17
80–84	5	8	13	5	6	11
85 and over	3	10	13	5	10	15
All Residents	28	36	64(1)	26	30	56

(1) includes 2 men and 6 women not interviewed.

2.1 AGE OF RESIDENTS

Table 1 shows the ages of eligible residents now and when they were admitted

About one third of the men and one quarter of the women were under 75 years old when admitted although 1 man was admitted at the age of 90 The oldest woman was 95 on admission

Age at time of interview

The ages of people interviewed ranged from 1 woman of 65 to another of 96 Eight of the 56 people interviewed were 90 or over the most elderly man being aged 92

2 2 MARITAL STATUS

Five of the residents (2 men and 3 women) were married 2 of the women moved with their husbands to married couple s accommodation Both are very happy where they are The other woman was moved to Firvale to be near her husband but is in a different ward and doesn t like it but is prepared to stay to be near her husband Both the men were taken into Firvale where there is no married accommodation 1 after quarrels with his wife who refused to have him home In the other case the man was trans ferred from a mental hospital as his wife couldn t look after him

Nineteen of the residents (7 men and 12 women) were single and 32 (17 men and 15 women) were widowed

3 0 ATTITUDE OF RESIDENTS TOWARDS THE HOME THEY ARE IN

3 1 WILLINGNESS TO BECOME RESIDENT

Forty of the 56 people interviewed said they wanted to become residents a higher proportion of women residents (80%) said they wanted to go into a Home than did the men (62%)

The main reason given by women for wanting a place in a Home was because they needed care and attention or they could no longer manage on their own (15 of the 24 answering) The other reasons given were housing difficulties (5) fear of becoming a burden on relatives or children (1) and trouble with relatives with whom they were living (2)

The most usual reason for men was that they wanted company (5 of the 16 answering) followed by needing care (4) and housing problems (4)

3 2 WHO SUGGESTED BECOMING RESIDENT?

While 40 people said they wanted to become residents only 17 said it was their own idea Doctors suggested a Home place in 10 cases and the Welfare Officer in 10 others There is some evidence that officers of the Social Care Department visit those who apply for rehousing and where there is not much chance of rehousing suggest in appropriate cases a Home 10 men and 1 woman were transferred from hospitals but here again inadequate housing seems to be a contributory factor to either their entering hospital in the first place (e g a man of 76 who was turned out of his lodgings and lived rough until he was taken into hospital for a week and transferred to a Social Care Ward) or to there being no place for them to go when they were fit for dis charge (e g a man of 77 who was 2 weeks in hospital and having no job when he was ready for discharge could not afford to go back to the lodg ng house so asked for a place in a Home)

In only 3 cases did relatives with whom the resident had been living prompt the idea, and in 2 further cases it was a relative not living with the resident who suggested it.

It may be of some significance to note that the woman and 8 of the 10 men who had been in hospital were given places in the Social Care Wards of Firvale Institution.

3.3 LENGTH OF TIME ON THE WAITING LIST

Three of the 56 residents could not remember how long they had been on the waiting list. Of the others, 19 had been admitted almost immediately, and a further 17 had waited less than 6 months. 5 said they were on the list for between 6 and 12 months, and 8 for between 1 and 2 years. 4 had to wait over 2 years for a place, but in 1 case a lady had put her name down for a place when her husband died against the day when she could no longer manage on her own. Once she *did* reach this state she was admitted without undue delay.

There was no delay in admission to Firvale, most of the residents being admitted immediately. Men had to wait shorter periods for admission, all but 2 being admitted within 6 months of applying.

3.4 PRE-KNOWLEDGE OF WHAT TO EXPECT

Fourteen of the 56 residents (7 men and 7 women) said they were told when they first came to the Home that it was for a trial period; the rest regarded it as a permanent arrangement.

Five of the residents had gone to see over the Home, 3 at their own suggestion, and 2 on the suggestion of the Welfare Officer.

Sixteen of the residents who had not seen over a Home (6 men and 10 women) said they were told what to expect, although this was usually general reassurance that it was a nice Home, and they would be comfortable, etc Most people say this little talk helped them to settle down more easily.

3.5 WHETHER RESIDENTS LIKE THE HOME THEY ARE IN

Forty-three of the residents said they liked the Home they were in, and a further 2 said they liked it with qualifications, a total of 80%. A further 3 (5%) said they had no choice, but made no specific complaints. Only 2 women disliked the Home they were in, 1 because of the other residents; both are in Firvale. Similarly 5 of the 6 men who dislike the Home they are in are in Firvale.

It is quite clear that residents in Homes other than Firvale like being where they are. In some cases remarks to the effect that 'I won't even go on holiday, in case I can't get back in', and 'it would take a stick of dynamite to shift me' were noted. In many cases residents remarked on the kindness of matron and staff. Indeed, no criticisms were made of the staff of any Home, and where one resident said 'I don't like the people here'—he added 'I mean the other men—not the staff—they are very kind'.

3.6 DISTANCE AWAY

Less than one-quarter of the residents were in a Home up to 15 minutes away from where they had lived before. A further 30% had lived between 15 minutes and half-an-hour away. In almost half the cases, the distance from

former homes was over half an hour over 1 in 5 being over three-quarters of an hour's journey away This Authority has one Home well outside its administrative district and for 3 people in our sample the distance was over 1 hour away

Only 6 residents however said they would prefer to be in a Home nearer to where they had lived 3 of these were in Firvale and none of them liked it so it might be a general complaint rather than that of distance In 2 cases where the Homes were described as all right and 'very nice indeed the ladies concerned wanted to be nearer their children One was over three quarters of an hour s distance away and the other over 1 hour The remaining resident was a lady who had only recently been moved from Firvale and hadn t yet settled down She said she missed the therapy they had there and visits from the ladies of the chapel she used to attend

4 0 LIVING CONDITIONS BEFORE ENTERING A HOME

4 1 PREVIOUS ACCOMMODATION

Just under two thirds of the residents had occupied a whole house before they became residents including 1 woman who had a bungalow Some 20% had lived in rooms or lodging houses (compared with 1% of those of retirement age in the general population sample) 2 men and 4 women had lived in purpose built L A accommodation for old people and in addition 2 men and 4 women had been L A tenants of other property 1 man and 4 women had been owner occupiers and another woman had her house on long lease Over one quarter of residents had not held a tenancy or sub tenancy but had been boarders or lodgers

4 2 ROOMS PER PERSON

All residents had had the sole use of at least 1 room over two thirds having 3 rooms or more Almost one third of the residents had previously had the sole use of at least 5 rooms

4 3 AMENITIES

One man had been living in a caravan and had no mains supply of gas or electricity no piped water bath or w c. Apart from the 3 men who lived in a lodging house all the residents except 1 woman had the use of a kitchen and she did have some cooking facilities in her room Almost half the residents had no bathroom (as did 31% of the elderly in this city) and half had no indoor w c (this being a similar proportion to that for all elderly people)

4 4 WITH WHOM RESIDENTS LIVED AT HOME

Three of the 56 residents had been in other Homes before entering their present Home these all being women These 3 together with 42 of the other residents had gone into a County Home from ordinary domiciliary residences although in 3 cases this residence had been a lodging house

The other 11 residents (10 men and a woman) had been transferred from hospital 1 after having been in a mental hospital for 16 years The woman was 74 years old 2 of the men were in their 60s (65 and 67) 7 in their 70s and 1 was aged 81

Admissions from hospital
Three of the men had been living with others before entering hospital but could not return home because they could not be given sufficient care. 1 of these men had been in a mental hospital for a short time; another had lived with his blind, unmarried daughter. He was taken to hospital with bronchitis and a stroke, paralysing his right side, and the daughter could not cope when he was ready for discharge. The third was a single man, who had been living with an elderly sister in a house with no bathroom and an outdoor w.c. The sister asked that he be put in a Home as he was too much for her. He himself says he was gassed during the war and was going blind (he is now totally blind) and 'liked a drink of beer and a woman'.

The other 6 men (excluding the long-term mental hospital patient) had lived on their own, 2 in lodging houses. 1 man of 79 had been living in a caravan, using oil for cooking and lighting, and had no piped water or w.c. He was taken to hospital as he had difficulty in getting about, and transferred to the Social Care Ward. 1 man of 76, on being turned out of his room by the lady he had been living with, had lived 'rough' for 3 months, and was then taken ill. He had nowhere to go when ready for discharge.

A younger man of 66 living in 1 room had been in and out of hospital with stomach trouble, and lost his memory. After 4 months he was advised to go into a Home, which he did for 'safety's sake'.

The last case was a man of 87, with arthritis in his hips, who lived alone in a 5-roomed house, with no bathroom and the w.c. outside the house. He had a home help, the Health Visitor called, and the doctor visited once a week. He went to Firvale Hospital for treatment, and the doctor suggested he transfer to the Social Care Ward. He says he did not want to, and regrets he allowed himself to be persuaded.

The only woman transferred from hospital was a single lady of 74, who had been living alone in a 5-roomed house, with outside w.c. and no bathroom, neighbours doing her shopping and housework. She had no home help, but the District Nurse called. She was taken to hospital after an accident in which her leg was injured, and was not fit to look after herself at home when ready for medical discharge.

Admissions from own home
Forty-five residents had been admitted to a Home from their own homes. 23 had been living on their own.

(a) Living on own

Sixteen of the 23 who had been living on their own before admission were women, their ages at admission ranging from 65 to 95. 7 of the 16 women were 80 or over at the time of admission. The men's ages ranged from 70 to 90, 5 of them being in their 70s.

Half of the women were widows, the rest being single; 1 of the 7 men was a bachelor, the rest were widowers.

(b) Living with spouse

One man and 3 women had been living with a married partner at the time they were given a place in a Home. In 2 cases both the partners were moved together; the wives were both very elderly, one 87 and the

other 91, and the husbands were ill, the wives not being able to care for them Both couples had owned their own houses, although in 1 case it lacked the amenities of a bathroom and indoor w c These 2 couples were very happy in their Home, one saying 'We hope to finish our days here—we've got more here than we ever had They've been marvellous to me and my husband'

Another woman aged 76, had been living in a L A old people's flat with her husband and had had a home help They had had meals on wheels, but gave them up as they did not like them The husband was taken ill, and went into Firvale Hospital, and the doctor suggested she go to the Social Care Ward to be near him She accepted for this reason, although she does not like some of the other residents, she says the sister is very kind, but only stays to be near her husband

The man, aged 78, was almost totally blind and very hard of hearing He had quarrelled with his wife, who found it difficult to look after him After one such quarrel he said he would go into a Home, and was given a place in Firvale He does not like it and misses his handicraft lessons (arranged by the Blind Welfare Officer) but his wife will not have him back

(c) Living with married children

Four women and 1 man had been living with married children, and in 4 cases there were grandchildren in the household

In 3 of these cases the children were growing up resulting in there being insufficient room for the elderly grandparent In another, the younger household was being rehoused by the Local Authority in a 2 bedroomed flat, so there was no room for the grandmother (aged 65) who herself was on the waiting list for an old people's flat No such flat being available she was offered a place in a Home It is however, doubtful as to whether the allocation of separate accommodation for the grandmother would have resulted in her not having to go into a Home, as she was housebound, and had a disease of the spine which prevented her caring for herself, and it is possible that the younger couple did not want a larger flat where they had room for grandmother

In the last case a woman of 74 lived with her son and daughter in law in a large house, with all amenities She says she was active and could get around and help herself without difficulty, but the daughter in law did all the housekeeping and housework The daughter in law was going into hospital, and then wanted to take a job when she came out, so suggested [illegible]

(d) Living with elderly relatives

Four men and 3 women had been living with elderly relatives 5 were single and 2 had been widowed

One of the single women (aged 67) had been living with and caring for her father, but he remarried and she did not like her stepmother, so asked for a place in a Home as she had nowhere else to go

Another single elderly lady (80) had lived with her sister and niece but did not get on with the niece, and could not live on her own

As regards housekeeping, one third of the men and half the women had done their own cooking without difficulty, 1 man and 1 woman had to cook for themselves, and did so with some difficulty, although the man said it was because he could not afford to buy the food Apart from 1 man who ate most of his meals out, all the men depended on someone else in the household to cook for them, usually a wife or other relative 3 of the women however, had to rely on neighbours or friends and 1 on a daughter who had a household of her own to look after as well, for most of her meals

Rather more men (18) did most of the household shopping while 2 other men shared the responsibility with their wives 1 man was helped by a neighbour 3 said they did their own shopping but with considerable difficulty because they could not carry it very well and it was a long way to the shops Only 9 women had to do most of their own shopping and 2 found it difficult for the same reasons as the men Here again, more women had to depend on neighbours and friends, most of them saying it worked out all right

Housework presented the most difficulty, although only one third of the men and women did most of their own housework 3 men and 2 women with considerable difficulty

5 1 HEALTH AND WELFARE PROVISIONS

Six of the men and 13 of the women had had a home help prior to their becoming residents (34% of all residents) compared with 4% of all old people in the area.

Three men and 6 women had been having meals on wheels (16%), 4 men and 5 women were being treated by the District Nurse (16%) and 3 men and 2 women were being visited by the Health Visitor (9%) The proportions of those aged 65 and over in this city having these services are between 1% and 2%

Two men and 5 women had been going to a foot clinic (12%)

In some places we had noticed that these services were being used almost exclusively by people in the older age ranges but in this city men and women in all age groups had been using the services

Six of the men and 16 women (40%) had been seeing the doctor regularly, in most cases the doctor visiting the patients at home All saw their doctors at least once a month

5 2 ABILITY IN GETTING ABOUT

If we look at the mobility of the 45 residents who had lived at home immediately before entering a Home, we find that none of the 16 men was housebound, neither did they have much difficulty going out and about. Of the 29 women however, 10 were housebound, 7 of whom had been living on their own 1 with her husband, and 2 with married children. Of the 2 who had lived with married children, 1 was aged 79 and the other 85 In addition to the 10 who were housebound, 5 women had considerable difficulty going out

6 0 NEED FOR RESIDENTIAL PLACES

There are two points to consider The first is, are the present residents best served by living in a Home, or should they be living in a domestic household the second is, are there any elderly people who are living in such circumstances that they would be better off in residential accommodation

Let us first consider those now in Residential Homes. Since the need for places is measured against the Authority's criteria, there would seem to be no reason to question whether all those people in Residential Homes ought to have been there in the first place. From looking at the schedules, however, it was quite clear that of those entering a Home, a number of quite active people have been given places in Residential Homes simply because they had no other place to go.

However, whatever the need was when the present residents went into a Home, the important aspect for this survey is whether remaining in the Home is in their best interests.

In addition to the 10 women who had been housebound before entering a Home, 2 men and 1 woman had became housebound since entering. 3 men now found it difficult to get about, as did an extra 9 women.

We have seen (4.1 and 4.5) that some residents wanted to enter a Home because they were lonely, or had nowhere else to go, i.e., lack of ability to get around and look after themselves was not the main reason for their wanting to become residents. Provided, therefore, that present residents have settled down in the Home, and enjoy living there (as most of them do), it is questionable whether it would be in their best interests to suggest they now be helped to set up home on their own.

Perhaps the best measure of whether residents are in the best place for themselves is given by considering only those who do not want to remain in a Home, to see whether they appear capable of setting up homes for themselves.

6.1 WHETHER RESIDENTS WANT TO STAY IN A HOME

None of the women wanted to have a home of their own, although 2 would prefer a change of Home. 6 of the men, however (5 of whom were in Firvale), said they would like a home of their own:

(a) Man aged 92, who is housebound, and has some difficulty getting about; his eyesight is failing. He entered a Home at his own request some 18 months previously as he had quarrelled with his daughter, who lived near him and used to come in and help him. He doesn't like the Home he is in as 'there are only 12 men here, and we grow wider apart all the time'.

(b) Man aged 87, who has been in the Home for 6 years. He had been living alone in a large old house, without a bathroom and having an indoor w.c. He had difficulty getting about, having to walk very slowly using two sticks, due to arthritis in hips. This has got worse since he's been in the Home, and he is now housebound. He entered hospital to see if anything could be done to help him, and was persuaded, he says against his better judgement, to transfer to a Social Care Ward. He wants to leave to 'have more liberty—not be fastened up like this'.

(c) Man aged 80, who had been living in a caravan, without a piped water supply or w.c. He was taken to hospital as he couldn't walk very well then (he claims he is better now) and entered the Social Care Ward without being given any option. He has been in the Home for less than six months and doesn't like it. He says some of his fellow patients are not all quite sensible, he misses the company he used to keep and likes going into a pub and mixing with people. He doesn't want a home of his own

but says he knows some people with whom he could stay who would look after him He has no income other than his old age pension

(d) Man now aged 79, who had been living in one room, but was turned out and lived 'rough' for 3 months He became ill and was taken to hospital, where after one week, he was transferred to a Social Care Ward He has been there for over 2 years, and doesn't like it, he says he is only staying until he gets a place of his own He says he could look after himself all right, but would need help to refurnish and more money, as he has only his retirement pension

(e) Man aged 77, who is blind and had been living in an L A old people's flat, looking after himself with the aid of a home help He has arthritis, and fell down 3 times in 1 day, so the Blind Welfare Officer arranged with the City Welfare Officer for a place in a Home He didn't want to go, and now misses his handicraft classes and his freedom He says 'if I could just go and sit in a park I'd be no trouble' He says he could look after himself with the aid of a home help and might be able to furnish a home as he has a small banking account, but might need help

(f) Man, aged 77, who had been living with his wife in a small house with no bathroom and an outdoor w c He was a patient at a mental hospital and transferred here, as his wife couldn't look after him He would like to go back to his wife who now has a Council flat, but who at the time of interview was in hospital

The only one of these 6 cases who might possibly manage in a Home of his own would be (d)

Looking through the cases where the immediate reason for people becoming residents might lead one to suggest that making appropriate housing available, or giving supportive services might have enabled them to live in their own homes it became apparent that some cases might be expected to have managed on their own, if suitable housing could have been provided

(1) A single woman of 67, who was active and did all her own housekeeping without any difficulty She owned a 6 roomed house, which had an outside w c., but had fallen into disrepair to such an extent that she was forced to live in the downstairs rooms only She applied for a L A flat but was told there was no chance as she had her own home, and would have to wait years She was offered a place in a Home

(2) A single woman of 67, who was active, but didn't like newly married stepmother She had nowhere to go, and asked for a place in a Home

(3) Man of 68 who had been a social worker An active man, but when he retired he had no home of his own and asked for a place in a Residential Home as this was in his opinion the natural thing to do

There were three other cases where men had been living in lodging houses which closed, but it would seem unreasonable, since they were all in their late 70s or 80s, to expect them to set up house on their own

In addition, 3 men were given places for social reasons All were widowers one aged 71 and the others aged 78 who found it distressing to live alone, and here again, rehousing would not have solved the problem of loneliness

6.2 NEED FOR RESIDENTIAL PLACES AMONG PEOPLE LIVING IN OWN HOMES

Waiting list

The Social Care Department had a waiting list of over 700 for residential places, but some of these were younger disabled people, or were not living in the City. A sample was drawn at a constant interval of 1 in 20, and after rejection of younger people, etc., we were left with a list of 6 men and 27 women, that is, there were some 660 Sheffield people of retirement age on the list. The date of application was recorded for most applicants. 1 man had been waiting for a place for 4 years, 4 for between 2 and 3 years (1 of whom was now in hospital as no place was available), and 1 had been waiting less than a year. 8 women had been waiting less than a year, 6 for over a year, 5 over 2 years, 1 for 3 years, 3 for 4 years and 1 for 5 years.

Not all these applicants were found to be at the addresses given. 3 were dead. We were told by neighbours that one woman of 90 no longer lived at the address given, as her daughter had come and taken her to Leeds where they believed she was in a Home. In another case the house was empty, and a neighbour said that our subject had been taken to Firvale, but a check there revealed there was no patient of this name in any of the wards.

Thus our sample was reduced to 28 names, which would indicate that the waiting list would, if it were up to date, consist of about 560 names.

Twenty-three of the eligible residents were interviewed and another lady aged 91 was seen and although she was very confused a neighbour supplied a good deal of information. The other four people were in hospital and were not contacted; one was in temporarily for an eye operation, another had been admitted a few days previously and one lady, aged 79, had been in hospital for 6 years and we were asked not to interview her as she became very upset at the thought of going into a Home. The last case was a woman of 84 who had been in hospital for 3 years—we learnt something about her from her daughter-in-law with whom she lived before going into hospital.

The 24 people in the sample who were seen personally and the one where we saw the daughter-in-law can be classified as follows:—

(i) One woman who has applied against the time when she may need a place, but is in no need now.

(ii) One woman who is in hospital, and does not know whether she wants to go into a Home.

(iii) Five women who say they have never applied for a residential place, and do not want to go, 2 of whom are at present in hospital.

(iv) Three women who applied for residential places, but no longer want to go as much as they did, but would probably accept a place if it were suitable and the Welfare Officer put the case persuasively.

(v) Nine people, 4 men and 5 women, who had applied, but due to changes in circumstances, or other reasons, would now refuse a place.

(vi) Six people, 1 man and 5 women, who still want to go in and would accept a place if offered.

This does not mean that all those who accept a place need to be in a Home, or that those who say they would refuse a place now no longer need it, or could not be persuaded. We would have to examine these cases, and try to decide whether something needs to be done, and what would serve their best interests. We will consider them under the above classifications.

(i) **Applied against future need**

(a) Single woman, aged 74, who is boarding with sister, 1 year older They look after themselves very well, and have a private domestic, but no health or welfare services and do not need any Has applied for rehousing in case of sister's death, which would leave her homeless, and for a place in a Home as a precaution *in case* she needs it

This woman obviously does not need a place now, and if her sister were to die in the near future, rehousing would be satisfactory

(ii) **Not applied—and does not know whether wants a place**

(a) Single woman, aged 86, lived alone and was taken to hospital as could not look after herself when her sister died, and had no home as her sister was the tenant. Can get about the 'house', wash and dress herself, etc. but has difficulty with stairs

This woman obviously needs care and attention, as she is at present in in an old people's ward which is not classified as Residential She really needs a place in a Residential Home releasing a hospital bed

(iii) **Never applied and does not want to go**

(a) Widow, aged 86, who lives alone in her own large house, 7 rooms but no bathroom, and with an outside w c. Has some difficulty getting out but is not housebound, and gets about the house without difficulty Her daughter does most of her shopping but she does her own cooking and housework, although she says heavy jobs are a bit much for her She does not want a home help, as she would be bored if she had nothing to do, and housework keeps her occupied, and does not need meals on-wheels, as she gets herself a cooked meal every day She has no other services, and does not see her doctor regularly She does not want to move at all, and says she would not take a Council place if offered to her She has never thought about going into a Home, and does not want to go

The application was made on her behalf by her son in law, when she was ill and went to stay with them, and she did not know about it She is now back in her own home and still does not know there was any suggestion she go into a Home

(b) Widow, aged 85, who lives alone and is housebound—general frailty difficulty in getting about Lives in 4 roomed rented house, no bath, out side w c., sleeps in living room as cannot get upstairs Has a home help and meals on wheels doctor visits every week and also goes to Out Patients once a month Wants to move to a more convenient house in a a better district, but is not on the waiting list as she cannot get about to do anything about it

Says not on waiting list for Home—and 'wouldn't like it'

(c) Widow of 89, who had been found wandering, not knowing where she lived Lives in L A warden flats Has home help and meals on wheels Interview was of doubtful validity home help says she never goes to bed (bedclothes not disturbed or linen dirty), although subject says she does She says she does not like old people, and would not go into a Home

(d) Widow of 84, who has been in hospital 3 years, and is bedfast Is very happy in hospital, and when offered a place in a Home a year ago

it. Daughter-in-law wants her name kept on the list in case there is a shortage of beds, and the hospital ask her to leave.

(e) Widow of 65 years, who is deaf and dumb, and had a stroke 2 years ago which has left her paralysed. Previously lived with sister and husband, where the sister did all the work. Thinks she is going back there when discharged, but sister refuses to have her back; hospital doctor has applied for Home place on her behalf.

All these women say they would not go into a Home, and (d) has already refused a place. As long as the hospitals are prepared to keep (d) and (e) there seems no immediate need. (a) Seems to be managing on her own at the moment, and rehousing in a warden-supervised dwelling might solve (b)'s problem.

Case (c) would appear to be the only one of this group who needs a place, although she would have to be persuaded, as would case (e) who might be taking up a valuable hospital place. Since (d) is bedfast, and has nowhere else to go, it might be considered a Home (other than Firvale which is being closed) is not appropriate, and she is better in hospital.

(iv) No longer wants to go—but probably would

(a) Widow, aged 71, who is lame, walks with crutch and stick. Lives alone in 5-roomed rented house—with outdoor w.c. Does own cooking without difficulty, and daughter comes in and does shopping and helps with housework. On the day of interview a home help came, for the first time in 2 years. The Health Visitor has been calling for 4 years, her doctor visits regularly every month, and she attends hospital out-patients every 6 months. Sleeps in her living room as she cannot manage the stairs. She has applied for rehousing, and has been on the list for 7 or 8 years, and says she would move anywhere, but would like to be near her daughter. She says she would not go into a Home at the moment, but if she gets worse she would.

(b) Widow, aged 81, who lives alone in own 5-roomed house with all amenities. Has difficulty going out, and neighbour does shopping. Does own cooking and housework without difficulty. No health or welfare services, but doctor visits every 2 weeks. There is a Home a few minutes from where she lives, and when she is ill, she wants to go in, but is all right when well. Would like to go in for trial period before selling up home.

(c) Single woman of 73, has arthritis and bad heart, and has had 2 nervous breakdowns. Cannot look after herself, and when her nephew turned her out, she applied for place in a Home as she could not live on own. She is now boarding with a younger woman who works full-time, and is grateful she is with anyone, and frightened of being turned out on her own again. Does not know if she wants to go into a Home.

Case (a) could probably manage if rehoused, particularly if this were near her daughter, otherwise she would need more home help time.

Case (b) is obviously worried about not being able to look after herself, and as she is 81 it might well be that she should be given the opportunity, when it arises, of going into the Home nearby for a trial period. Others who have been for a trial period have generally stayed.

Case (c) is very insecure in her present position (she was frightened her landlady would hear about her co operation in the inquiry) and might well be far better off in a Home

(v) Applied—but now no longer wants to go in

(a) Man of 78 (widower), who applied when he was living on his own, as the son of a resident told him how happy *his* father was in a Home Now lives with his sister (aged 70), who is quite prepared to continue to have him living with her He has a good private pension

(b) Widow of 83, now living with daughter, son in law and granddaughter in large house with all amenities Applied when lived with other child when had trouble with grandson Now moved to other daughter and is quite happy Daughter says she is no trouble, and is quite prepared to look after her

(c) Widow, aged 62, has arthritis and a blood disorder Applied on doctor's suggestion when health was so bad she could not look after herself Then a younger gentleman friend came to live with her, and he helps her a great deal They are in the process of buying a house together She has difficulty in getting about, dressing washing, etc., but is helped by her friend Her home help was discontinued when her friend came to live with her, and she would like a home help

(d) A man of 85, who lives alone in his own house which has all amenities He has some difficulty going out as he recently stumbled in a hole while gardening and strained a ligament His two daughters, both over 60, do most of his cooking, shopping and housework He applied for a home help, but was told that as his daughters lived near, and were not working he could not have one He did have a home help for 6 weeks when his daughters went on holiday He was once offered a place in a Home, but when 'I discovered I couldn't even take my own books with me I refused it They want to turn you into a human cocoon—feed you and keep you warm till you die—but there's more to living than that' He has a reasonable private income from investments as well as a private pension and his retirement pension and will not go into a Home, although he does think, in view of his daughters' ages, he should have a home help

(e) Single lady of 82, lives in L A warden dwelling Has bronchitis making it difficult for her to go out, and she gets breathless going up and down stairs Has a home help and neighbour or warden does her shopping Doctor visits her once a month In the bad winter of 1962 63 she felt she might be better off in a Home but no longer feels this She says now she does not want a lot of noise or company

(f) Man, aged 76 who lives alone in an L A prefab which has 'had its day', and which he thinks is to be demolished early this year, when he is confident he will get a 1 roomed flat, with central heating, which will be much easier to manage He says he has had 3 visits from the Social Welfare Department but connects this with rehousing and help with pension When his wife died suddenly, he applied for a place in a Home, as he could not face all the housework, etc, but his daughter in law now does his cleaning and washing and his grandson comes in and does his windows and they will continue to help him when he moves He is quite

active, and does his own shopping and cooking, or goes to a café for meals. He has never had a home help, or meals-on-wheels, and last saw his G.P. 12 years ago. He has the retirement pension and a small pension from his employer, and says the National Assistance will help with the rent, so he is no longer interested in going into a Home.

(g) Widow of 70, who lives alone in her own house, 6 rooms and all amenities. She has some difficulty with stairs, and dressing herself (she has arthritis), but otherwise manages her own cooking, shopping and housework (apart from heavy jobs) without difficulty. She does not have a home help and says she does not need one, neither does she have any other health or welfare service, although she goes to see her doctor every 2 or 3 weeks. Her house is situated in a very high spot, and is very cold, and too big for her to manage, so she applied for rehousing. After 9 years she was offered a flat in a high block, but refused it as she was afraid of lifts. There has been some correspondence, which she showed us, with the housing department (she had a letter of support for her wanting a different type of situation), which culminated in a note from them that they could not promise any particular place. Her doctor suggested a Home 5 years ago when her arthritis was particularly troublesome, and she agreed, but has now decided she would prefer to be on her own. She has a small income from letting property and her old age pension.

(h) Widow of 80 is living alone in a rented house with 7 rooms and all amenities. Goes out, finds stairs a little difficult, and has some difficulty in dressing and washing herself. She does her own cooking and housework without difficulty, and has a home help for 3 hours once every 3 weeks, a different woman every time. Most of the tradesmen call, so she manages her shopping without having to go out to the shops much. She is on the housing waiting list, as the house is too big for her, and was offered, a flat, which she refused as it was an hour's bus ride away from her friends, who would not be able to visit her.

The application was made 2 years ago, when she was in hospital after a road accident, when someone from the Welfare Department suggested it. She is no longer interested, as she does not want to share a room.

(j) Widower of 78, who has no legs, which makes it difficult for him to get out or climb stairs, but who is otherwise active. He was the tenant of a house, and his daughter, son-in-law and their four. children lived with him. The daughter couldn't go out to work and look after them all (her husband was sick), and the husband quarrelled with the father, so he asked to go to a Home. As no place was available he was taken into hospital (*not* Firvale) and has been there 18 months. He is very happy there, and does not now want to move.

In cases (a)-(c) circumstances have changed for the better, and there is now obviously no need for residential places, although in case (c) it does seem that a home help is necessary, as the gentleman friend works full-time, and seems to have as much as he can do to look after the informant personally, without having to do all the housework, too. [He himself, as well as the informant, said all they needed was a home help.]

In case (d) it seems that a home help is needed, as it may be too much to expect two ageing daughters to look after their father as well as their own homes.

In case (e) the informant seems to have weathered the bad winter, and there seems no immediate need for residential care

Cases (f) (h) need *suitable* rehousing, rather than residential care, this leaves (j) where a Home might be more suitable than a hospital as he does not need any treatment, despite being happy where he is

(vi) Still want to go into a Home

(a) A widow of 89, living alone, who is housebound, has arthritis in back and knees, and broke her hip within the last year as the result of a fall She has difficulty not only getting about the house, but in dressing and washing herself She has a home help, and gets meals on wheels twice a week but finds it difficult to cook for herself the other days The District Nurse has been visiting 'for years—once a week to give me an injection for my blood' The doctor calls once a week She owns her house which has five rooms but sleeps in her sitting room as she cannot get up the stairs to bed, and has to go outside to the w c

She wants to go 'anywhere'—a Home or a hospital—where she could be looked after and have company, as she is alone all the time [Her only son lives in King's Lynn and cannot visit very often] Failing that she would like to move to a smaller dwelling—just 2 rooms She has not applied to the Council for rehousing as she did not think it worth while

She has a small income from investments in addition to her retirement pension

(b) A widow of 77 is housebound with arthritis and keeps falling Lives alone in a 4 roomed rented house with no bathroom and cannot use the outside w c. as it is up a slope and she can't get to it so has a commode Has difficulty looking after herself and has meals on wheels twice a week, but finds it difficult to cook as things fall out of her hands She has a home help and the District Nurse calls to wash and bathe her and she says she is visited by a 'lady wearing a uniform, and a man from the Town Hall' who see how she is and tell her if they have heard any thing about a Home for her She wants very much to go into a Home

(c) Widow of 83, has difficulty getting out of doors, and with bathing but manages her own cooking shopping and housework without too much difficulty, although she would like a home help 'even once a fortnight' for heavier things like shaking carpets, etc. She lives alone in an L A old people's flat, but finds it cold as she cannot afford to heat it properly, and the woman in the flat downstairs leaves the front door open when a terrible draught blows through the bedroom She gets so tired she asked the doctor to recommend her for a Home, where she would be looked after and also have company She gets National Assistance but says she would give up every penny of her income just to get into a Home

(d) Widow of 69, lives alone in an L A old people's flat, where she has lived for 3 years Was very ill, and is now improving but has difficulty with shopping and housework, as gets very tired, and has to keep resting She doesn't have any health or welfare services, and doesn't want a home help as 'Once you give in you let yourself go—so I'm trying my best to manage' Visits doctor once a month and wants to go into a Home as

she is getting older, has chronic bronchitis and is nervous about being ill on her own. She is also lonely and wants company.

(e) Widow of 91, lives alone in 4-roomed rented house. Is housebound, and sleeps in the living room because it's warmer, and can't get up and down stairs without difficulty. Can get about on the level, and gets in and out of bed and dresses without difficulty, but finds it tiresome to wash herself. She has a home help who does the housework, and a neighbour does all her cooking and shopping. The neighbour says she can't eat solid food, so she gives her soup, egg custards and rice puddings. The District Nurse calls to wash and bath her, the Health Visitor and a doctor from Firvale also visit. Her G.P. calls once a week. The neighbour says the old lady's nephew is supposed to be looking after her, but he doesn't do much, and although she doesn't really mind helping, she feels she is being put upon by the Authorities. The old lady says she has asked several times to go into a Home; the records show she has been on the waiting list for 3 months.

(f) Man of 85, lives alone in his own bungalow, with all amenities, and a big garden. He is quite active, but cannot walk too far, and finds the garden too much for him. He does most of his own cooking, shopping and housework, but has a home help. He does, however, find the bungalow a worry, particularly the garden and the expense of rates, heating, and 'overheads'. Has applied for a Council flat, and has been on the waiting list for between 5 and 10 years. He would much prefer to be rehoused, but if he cannot be rehoused, he would be prepared to go into a Home because he would have no worries about decorating and upkeep of house, and less work. He has a small pension from his firm in addition to his retirement pension, and says he applied for National Assistance, but was told he was not eligible as he had a part-time job then. He has not applied again.

Cases (a)-(e) would undoubtedly benefit from a residential place, while (f) would be better off rehoused.

Thus from the 28 cases on the waiting list,

Fourteen do not now need places.
Three need places, but might refuse (2 at present permanently in hospital).
Three need places, and might accept (including 1 permanently in hospital).
Five need places and definitely would accept.
Three not seen—in hospital, probably will need places.

It can thus be estimated that there are 280 people on the waiting list who really need places in a Residential Home.

We know, however, that of those already resident, some had never been on a waiting list, and circumstances can change so rapidly with the death of a partner, or closing of a lodging-house, etc., that there is an immediate need. There are therefore likely to be others not on the waiting list who need residential accommodation.

In this area there appears to be no one group of people who are clearly more likely to need residential places, by L.A. criteria, except that residents are less likely to be married than either single or widowed. It must also be remembered that going into a Residential Home is usually a voluntary action, in that while it is possible for an Authority to get an order of removal, these powers are rarely invoked.

Filling residential places therefore depends on

(i) people asking for places themselves found to be needing them and then agreeing to go

(ii) the Authorities finding people in need and persuading them to go

It is much easier to persuade people already in hospital 'permanently' or who have no home to return to, to go into a Home than it would be if they were living in their own homes Indeed as a few of the residents told us, they didn't want to go, but had no alternative

If, therefore we accept that the 280 people on the waiting list whom we found to need places could be persuaded to take them, and add a proportion of places for those *not* on the waiting list who might need places immediately, this figure would give a measure of the current need

We know that 19 of the 56 residents we interviewed were admitted immediately, i e, without being on a waiting list Of these, 13 had been hospital patients, who were probably on the list, but not aware of it [This proportion (13 out of 56) is very similar to the proportion of those on the waiting list who are in hospital (7 out of 28) which supports this assumption]

It follows that 6 of the 56 elderly residents were unknown to the Social Care Department until immediately before they needed a place, if we take this proportion as indicating the need which might arise suddenly we can calculate that there are about 30 old people unknown to the Authorities who are in need of residential places This means that a total of 310 extra places would be needed for all those in need who are likely to approach the Social Care Department or to be brought to their notice by other Health or Welfare Authorities

This figure is an underestimate at the present time, as it makes no allowance for those who will be given places in a Residential Home because they cannot continue to live in their present housing but the object of this exercise was to calculate the number of elderly people whose needs could best be met by residential accommodation

SALISBURY M.B.
WILTSHIRE

CONTENTS

I HOME HELP SERVICE

1 0

The home help service in Salisbury is supplied by the Wiltshire County Council, and is administered by the Health Department The following information on the service was given on October 4th 1965

There is no official Home Help Supervisor in the County, or in Salisbury, all recruiting of home helps and assessment of needs being done by the Health Visitors [There is provision for 9 Health Visitors in Salisbury, although only 7 of the posts were filled at the time of interview 8 of the 9 posts are attached to the G P s] The Health Visitor will accept recommendations from anybody, but whoever says that a home help is needed, be it the G P , district nurse, or the old person's relatives, the Health Visitor decides if the help is required Every case is visited by her personally, and she assesses the amount of time required, the applicant being informed that the full charge is 4s 8½d an hour maximum

Once the Health Visitor has assessed the need there are no restrictions as to who can be given the service While income is taken into account when assessing the charge having a high income or large capital assets does not bar the old person from receiving this service

The applicant then fills in an application for the service, stating whether she is prepared to pay the maximum charge and if not, a full statement of income and expenditure such as rent, rates h p commitments is required The amount the applicant can afford to pay is then assessed, but if the total cost per week for the services to be provided at 4s 8½d an hour exceeds the assessment, then only the assessment is paid Help is not normally given until the charge has been assessed, although in real emergencies a home help may be allocated provided the applicant signs an agreement to pay the assessed charge

Asked if any applicant known to be in need of home help had refused this help because of the charge, the Assistant M O H said there had been cases but this was not because they couldn't afford it but because they didn't want to pay However, if at assessment an old person refused the service because of the cost, special arrangements existed whereby the assessed contribution could be waived or reduced She said that 50 75% of recipients of home help services did not pay anything towards the cost [From the sample it appeared that 87% of elderly people helped by this service (67 out of 76 households) did not pay anything]

1 1 HOME HELPS FOR PERSONS LIVING WITH OTHERS

Living with younger people does not necessarily mean a home help is refused If the old person is living with a daughter or son who is working, a home help is allocated to deal with the elderly person's room(s) and is restricted to the hours necessary to meet the essential needs of the patient only and should not benefit any other able bodied members of the household If there is a daughter or daughter in law who is *not* working, the Health Visitor will try to recruit her as a home help for her elderly parent(s) and, if possible, other cases as well

1 2 DUTIES OF THE HOME HELP

The home help is instructed to do anything required to help the old person

Apart from normal housework, such as dusting, sweeping, polishing, cleaning, making beds, washing up, they can also do laundry and ironing, make fires and carry coals, and clean windows unless they are high up. They are discouraged from doing any housework which involves climbing. They may cook meals, as well as making cups of tea, etc., do the shopping and collect pensions.

Home helps can also help with washing, bathing, dressing and personal toilet, and help the old person to go to the w.c. or empty chambers.

Asked about washing down walls or paint-work, they would not normally do this, but for spring cleaning the number of hours per week may be increased, and perhaps 2 home helps will go in.

1.3 REVIEW OF NEED

The Health Visitor or her assistant collect the money due once a fortnight, and thus can see whether there is any deterioration, making more help necessary. It is the policy of the County to start off by allocating the minimum amount of time, and then increase the hours where necessary.

Hours are reduced in the summer (when there is no need for coal fires, etc.), and at such times as there is a very high demand for home helps, when hours are reduced accordingly.

1.4 CONTINUITY OF HOME HELP SERVICE

Wherever possible, the same home help stays with the elderly person to whom she is allocated.

1.5 RECRUITMENT OF HOME HELPS

There is no general recruitment of home helps in Salisbury—they are recruited individually for each case. The Assistant M.O.H. said there was no problem in Salisbury, although in general there was competition with light industry in Wiltshire, and it was difficult to get home helps during holidays and at Christmas.

1.6 NIGHT ATTENDANCE SERVICE

There is a scheme for provision of evening or night attendants in cases where elderly persons need care during the night which cannot be provided by relatives, or where an evening meal and preparation for bed is needed and the elderly person either lives alone, or relatives need a night off. The charge for this service is assessed on the same basis as for daily home helps, the maximum charge for night service being 13s. per night.(1) The night attendant *could* be the home help.

This service is not used very often. In November 1965 only 1 patient was using the night attendance service.

1.7 TRAINING AND IDENTIFICATION OF HOME HELPS

No training is given to home helps, and they have no 'uniform' such as distinctive overalls or badges to identify them.

2.0 INTERVIEWS WITH PEOPLE RECEIVING HOME HELPS

In order to see what the home help does to help elderly people, and who were

(1) This rate was increased in 1967 to a maximum of 26s. per night, as the payment to the attendant was increased.

being helped, a sample of elderly people currently having a home help was selected, and an attempt made to interview them

2.1 THE SAMPLE

Two hundred and eighty six persons of pensionable age were receiving the services of home helps (4 5% of the elderly population) A sample of 90 addresses was drawn from the files At 6 of these, the old person named was found to have died (one about 'a year ago', another 'more than 6 months ago', and a third 'some time ago'), 4 of the households were no longer receiving home help (one had stopped a year ago, one 6 months ago and the other two 3 months ago) Another one of the addresses contained no old person The remaining 79 addresses contained 98 people of retirement age and 89 were finally interviewed 2 old people refused and 7 were not contacted due to 3 being in hospital 1 in a Residential Home, 1 staying with relatives and 1 who was too mentally confused to be interviewed One man of 74 lived as a boarder of an elderly couple but was not included in the unit getting the home help

2.2 NUMBER OF DAYS AND HOURS PER WEEK SERVICE GIVEN

Only 1 of the 89 people in our sample said the home help called every day, and 8 had the home help for 6 days a week Sunday being the off day The number of days a week elderly people had the services of a home help is shown in table 1

TABLE 1
Number of days a week home help calls

No of days	Households		People	
	No	%	No	%
1	1	1	1	1
2	20	27	25	28
3	17	22	20	22
4	5	7	5	6
5	25	33	29	33
6	7	9	8	9
7	1	1	1	1
All visits	76	100	89	100

The number of hours per visit ranges between 1 hour and 3 hours The most usual length of time is 2 hours as will be seen from table 2.

TABLE 2
Length of time home help stays per visit

Length of time per visit	Households		People	
	No	%	No	%
1 hour	22	29	24	27
1½ hours	10	13	13	15
2 hours	41	54	48	54
2½ hours or more	3	4	4	4
All visits	76	100	89	100

The number of hours a week spent by home helps at households with elderly people is shown in table 3.

TABLE 3

Number of hours per week home helps assist elderly people households

No. of hours per week	Households		People	
	No.	%	No.	%
2 hours	3	4	3	4
3–4 hours	20	26	26	29
5–6 hours	33	44	35	39
7–8 hours	7	9	9	10
9–10 hours	10	13	13	15
11–12 hours	3	4	3	3
All visits	76	100	89	100

About 40% of the households have the services of a home help for 5 or 6 hours a week, and over 1 in 4 have her for 3-4 hours a week. Only 3 of the 76 households have her services for over 10 hours a week.

2.3 DUTIES OF THE HOME HELP

At all households except one, the home help does the necessary cleaning, polishing, dusting, etc., on the days she attends, as will be seen from table 4.

TABLE 4

Tasks performed by home help

Tasks performed	Households		Persons	
	No.	%	No.	%
Dusting/polishing/cleaning etc.	73	96	86	97
Cleaning floors	75	99	88	99
Shopping	46	61	51	57
Collecting pension	12	16	12	13
Going to laundry/laundrette	5	7	7	8
Doing some laundry in house	30	39	35	39
Laying fires/filling scuttles etc.	35	57*	38	56*
Making beds	32	42	36	40
Getting light meals	9	12	11	12
Making tea or coffee	17	22	18	20
Washing up	10	13	10	11
Help wash/bathe	4	5	4	4
Clean windows	33	43	38	43
No. of households/persons	76	100	89	100

*Percentages based on the 61 households (68 persons) who had a solid fuel fire.

Apart from the general household cleaning, the major activity is shopping, home helps doing this for 61% of households. In 57% of the households that have a solid fuel fire, they help with laying the fire, cleaning grates or carrying coals, and in about 40% they do some washing and make the bed.

In a small proportion of one-person households they help the elderly person wash and bathe.

Other help given by home helps includes washing round paint (1), doing the old person's feet, taking letters to the post (1) and the dog for a walk (1), other home helps chopped wood (1), did the ironing (2), hung up curtains, and, in one household, took the old lady out to the toilet Window cleaning is done by home helps in 43% of households although in 14 (18%) someone else is paid to do it as well 2 of the elderly people remarked that their home helps did whatever they were asked to do, 1 saying that the home help treated her better than a daughter would

Nevertheless, 26 of the 89 people said they would like things done which the home help just did not have time for

2.4 TIME OF ARRIVAL

The time of arrival of home helps is shown in table 5 Although home helps helped with the fires in 35 households most of the informants could manage this job when she wasn't there However, 3 said they would like someone to light the fires (in two of these cases the home help did not arrive until afternoon)

TABLE 5

Time at which home helps start work

Time arrives	Households		People	
	No	%	No	%
Before 8 a m	2	3	2	2
8–8 55 a m	2	3	2	2
9–9 55 a m	40	53	46	51
10–10 55 a m	17	22	22	25
11–11 55 a m	7	9	8	9
12 noon–12 55 p m	1	1	1	1
1–1 55 p m	3	4	4	5
2–2 55 p m	4	5	4	5
All times	76	100	89	100

2.5 HOW PEOPLE MANAGE TO DO THINGS ON THE HOME HELPS' DAYS OFF

How elderly people manage to do some of the jobs undertaken by the home help on the days she does not come is shown in table 6

TABLE 6

How elderly people manage various household tasks on days home help does not attend

How old people manage	Dusting polish ing sweep-ing	Clean ing floors	Shop-ping	Fires	Mak ng beds	Wash-ing clothes	Meals	Tea or coffee	Wash ing up
Does not need to be done	9	21	13	12	2	7	1	1	—
Leaves it/leaves part/just does not get done	44	50	2	—	10	14	—	—	2
Do it themselves no difficulty	17	9	10	15	14	3	5	14	6
Do it themselves with d fficulty	8	3	4	3	4	—	2	1	—
Done by someone else	8	5	22	8	6	11	3	1	2
No of people (excluding no answers)	86	88	51	38	36	35	11	17	10

The cleaning, dusting, etc., and washing clothes tends to be left undone in a fairly high proportion of cases.

2.6 JOBS NOT DONE BY HOME HELP

Table 7 shows how elderly people manage to do household tasks which are *not* performed by the home help.

TABLE 7

How elderly people manage household tasks not done by home help

How old people manage household jobs not done by home help	Shopping	Fires	Meals	Tea/coffee	Washing clothes	Washing, bathing	Making beds	Washing up
Does not need to be done	—	21	—	1	—	—	—	—
Leaves it/leaves part/does not get done	—	—	—	1	20	—	1	—
Do it themselves, no difficulty	22	17	55	58	13	81	47	61
Do it themselves, with difficulty	2	2	4	—	—	1	—	4
Done by someone else	14	11	18	10	20	2	5	13
No. of people (excluding no answers)	38	51	77	70	53	84	53	78

3.0 THOSE HAVING HOME HELPS

3.1 SEX AND AGE

Of the 89 persons of retirement age in our final sample, 76 were women and 13 were men. A much higher proportion of elderly women have the services of a home help than do elderly men. Our general sample shows that 29% of those of retirement age are male (29% Census 1966), while the proportion of men in the sample of those receiving home help is 15%.

This higher proportion of women getting help is partly due to the fact that there is a higher proportion of elderly women in the population, although it is clear from our sample that in every age-group the proportion of men getting home helps is much smaller than would have been expected from the proportion of men in that age group, as will be seen from table 8.

TABLE 8

Age distribution of men and women receiving home help

Age group	Men	Women	Both sexes	
	Nos.	Nos.	Nos.	%
60–64	—	3	3	3
65–69	2	9	11	13
70–74	2	12	14	16
75–79	3	23	26	29
80–84	6	21	27	30
85 and over	—	8	8	9
All ages	13	76	89	100

3.2 HOUSEHOLD COMPOSITION

Most of those in the sample receiving home helps were people living alone, as can be seen from table 9.

Table 9

Household composition of households having home helps compared with general sample

Household composition	Home Help Sample		General Sample	
	Households	Persons	Households	Persons
	%	%	%	%
Old person living along	63	54	31	24
Old person living alone with unmarried child	9	9	12	9
Old person living alone with married child	—	—	7	6
Old person living alone, with others 64 and under	4	5	7	7
Old person living alone with others 65 and over	7	9	5	7
Married couple living alone	15	20	29	37
Married couple living alone with unmarried child	1	1	7	7
Married couple living alone with married child	—	—	1	1
Married couple living alone, with others 64 and under	—	—	1	1
Married couple l ving alone with others 65 and over	1	2	*	1
Nos on which % based	76	89	388	508

* Less than 0 5%.

54% of elderly people having the services of a home help are living alone Married couples and old people living with married children would seem to need less help

3 3 MOBILITY

None of the people in the sample was bedfast 27 were permanently house bound, 5 temporarily housebound but usually went out, and 57 were able to get out without difficulty

Five of those housebound had been so for less than a year, 11 for 1-3 years, and 10 for longer periods 1 person did not say for how long she had been housebound

The most usual conditions given as a reason for not being able to get out were rheumatism and arthritis, mentioned by 12 informants 5 mentioned heart conditions, 4 blindness or bad eyesight, and 2 'nerves' None reported any sort of chest or pulmonary difficulties Other conditions mentioned included strokes (3), circulatory and varicose veins (1) and general old age (1)

3 4 DOCTOR'S ATTENDANCE

Thirty one of the 89 people in the sample (35%) saw the doctor regularly, 11 going to his surgery, and 20 being visited by him

3 5 OTHER WELFARE SERVICES

(a) **Meals-on-wheels**

Two of the 89 persons with home helps also had meals on wheels delivered 1 getting 2 dinners a week, the other getting only 1

It might be of some interest here to note the opinion of G P s as to the need for more help with meals Asked whether they had any elderly patients not getting meals on-wheels who would benefit if meals on wheels were delivered to them 4 of the 20 G P s said they did know of such people, and these 4 estimated that a minimum of 34 of their patients would so benefit

One doctor said that he was not aware that the service operated in his area One G P said that the resources were restricted, and the voluntary service could only do a limited amount

Six of the G P s thought that more meals should be served to those already

getting the service, which operates on 2 days a week only. 3 G.P.s estimated a minimum of 14 of their patients who needed meals more often during the week and 3 could not estimate. 2 doctors said they should be served every day, 5 on 3 days a week.

While many doctors praised the service and the workers, there were some criticisms of the quality and variety of food and the cooking, and the fact that so little publicity was given to the service. 1 doctor said the service should be the responsibility of the County and 3 doctors said that the service was not promptly provided, and therefore could not be used in an emergency.

(b) **District Nurse**

The District Nurse was calling on 6 (7%) of the sample as compared to 2% of those in the general sample, and the help given is listed below:

	Home Help Sample	General Sample
Blanket baths, washing and cutting toenails	1	6
Injections	—	4
Enemas	1	—
Dresses wounds, sores	2	—
Other medical treatment (unspecified)	1	—
No treatment, just checks	1	1
No. of replies	6	11

She had been attending 1 of the old people for over 10 years, but the other 5 for 5 years or less. In only 1 case did she stay for longer than 20 minutes compared with 5 of those in the general sample, this being accounted for by the larger number of people on the general sample having baths.

(c) **Bathing service**

Regarding the difficulty experienced by elderly folk in washing themselves and bathing, doctors were asked whether a bathing service operated by enrolled nurses was available in Salisbury. All the doctors said there was no such service; 17 thought such a service would be useful, helping both the elderly patients and relieving the District Nursing service, 2 did not think it would help and 1 did not know.[1] 1 doctor thought that a bathing service involved taking old people out for their baths, and preferred the installation of bidets.

(d) **Chiropody**

Twenty-one of the 89 informants with home help (24%) used the chiropody service provided by the County Health Department and a further 12 (14%) had their feet done privately. 1 further person was starting treatment shortly.

By contrast only 6% of the general population of retirement age used the Local Authority service while 106 people (21%) went privately, and 1 person was about to begin treatment. However, those with home helps were more likely to have chiropody than were the elderly population, as the proportions being treated are 39% of the home help sample and 27% of the general sample. The frequency of treatments is detailed in table 10.

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[1] In 1967 a service had begun, using a nursing auxiliary who helps with bathing, washing hair, and other toilet needs for old people.

TABLE 10

Frequency of treatment of elderly people receiving Local Authority and private chiropody

Length of time between treatments	Home help sample				General sample			
	L A		Private		L A		Private	
	No	%	No	%	No	%	No	%
Up to and including a month	9	43	3	26	18	60	32	30
Over 1 and up to 2 months	12	57	2	16	11	37	19	18
Over 2 and up to 3 months	—	—	5	42	—	—	20	19
Over 3 and up to 6 months	—	—	1	8	1	3	20	19
Over 6 and up to 12 months	—	—	—	—	—	—	7	7
No set time	—	—	1	8	—	—	8	7
No on which % is based	21	100	12	100	30	100	106	100
No having chiropody	33				136			

It will be seen that almost all people in both samples who use the L.A service have treatments at least once in every 2 months, whereas only a half or less of those going privately have treatment this often Whether this amount of treatment is satisfactory or not is examined in table 11

TABLE 11

Comparison of whether those receiving private treatment are having less satisfactory treatment than those using the L A chiropody service

Do you have trouble with your feet so you would like to go more often?	Home help sample		General sample	
	L.A	Private	L A	Private
	%	%	%	%
[illegible]	—	42	7	22
[illegible]	—	8	10	10
[illegible]	—	—	—	3
[illegible]	100	50	83	65
No on which % based	21	12	30	104(1)
No having chiropody	33		134(1)	

(1) Excludes 2 who did not say whether treatment was satisfactory

This table shows that those people who have private treatment are more likely to experience trouble between treatments and would like to go more often (this occurs with 5 out of 12 home help recipients having private treatment and 1 further person did not want more treatment although she had trouble) On the other hand, however, it was found that only 93 (68%) of the 136 people in the general sample having chiropody were satisfied with the amount of treatment they received, and although the remainder did have trouble in between visits, a higher proportion of private patients would have liked more frequent attention

Patients are referred to the Health Department by G.P.s, Health Vis
and District Nurses, and an investigation then takes place into whether
can pay or not, the frequency of visits being determined by the chiropo
who makes a very high proportion of domiciliary visits. Since the H
Visitors also deal with the home help administration, it is possible that
explains the higher proportion of those using the L.A. service among h
help recipients.

Tables 10 and 11 show that those getting L.A. chiropody do consist
better out of it than those getting private treatment, and of those using
L.A. services, those receiving home helps get still better treatment.

Doctors in Salisbury were asked whether any of their elderly patients sh
be receiving treatment but were not getting it, and 10 of the 19 answering
they did have such patients. They thought the patients were not ge
treatment because they could not afford to pay (2) or would not go thr
with a means test (2). Others thought that patients did not know of
service (2) and another 2 said the service was only just starting. 3
that patients could not get to the clinic, and that they should be able to
treatment at home (this is in fact available)[1] and 4 stated that there
not enough chiropodists available and the waiting lists were too long.

Seventeen doctors made suggestions which they thought would make
chiropody service more efficient in helping the elderly. 9 of them said
more chiropodists would help, by cutting down the waiting list. 5 tho
that the Health Visitor should organise the service completely, or that the
person should get in touch with the chiropodist and bypass the G.P. a
wanted the doctor's form of request abandoned. 4 doctors wanted domicil
visits to be made and 4 suggested a central clinic service; 3 doctors said
it should be a free service, part of the N.H.S., and a further 2 said
publicity would make the service more effective in its coverage.

It would appear then that doctors do not know all they might about
mechanics of the chiropody service.

(e) Health Visitor

Twenty-five of the 89 were visited by a Health Visitor and 2 people
she used to come. [It should be remembered that in Salisbury the He
Visitors supervise the home help service.]

(f) Visiting service

Fifteen people had 'friendly' visits from the Welfare.

3.6 FINANCIAL POSITION OF THOSE HAVING HOME HELPS

Two people in the sample could not or would not give a complete accoun
the amount received, although they were all prepared to state the source
their income.

The sources of income of those having the services of home helps is c
pared with that of the general sample of people of retirement age in Salisb
in table 12.

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[1] The Health Department say that doctors have been circulated with details of
service.

TABLE 12

Sources of income of those having the services of a home help compared with sources of all people of retirement age

Source of income	Those with home helps		General sample	
	No	%	No	%
Wages/salary	6	7	141	30
Retirement/O A P	80	90	397	84
National Assistance	60	67	96	20
Other Government grants and pensions	7	8	119	25
Private/firms pensions	9	10	52	11
Rents	2	2	39	8
Interest on shares/etc	5	6	68	14
Charities	1	1	4	1
Other sources (2)	—	—	8	2
No of people on which % based	89	(1)	470	(1)

(1) Percentages add to more than 100 since many people have more than one source of income

(2) Other sources of income include allowances from children alimony, maintenances and royalties from a book

It will be seen that a very high proportion (67%) of people having the services of a home help are also receiving National Assistance and a small proportion are receiving aid from charities Having National Assistance is generally associated with being in the lowest income brackets which would suggest that the actual income of those having a home help is lower than that of people not having this service This is examined in table 13

TABLE 13

Income of those having the services of a home help compared with incomes of general sample of old people

Income per week	Single incomes				Joint incomes			
	Home help sample		General sample		Home help sample		General sample	
	No	%	No	%	No.	%	No	%
Less than £4	1	2	4	2	—	—	—	—
£4–£4 19s.	26	39	90	38	—	—	—	—
£5–£5 19s	22	33	44	19	—	—	1	*
£6–£7 19s	13	20	44	19	2	10	27	12
£8–£9 19s	3	4	20	8	12	56	45	20
£10–£14 19s	1	2	20	8	3	14	98	44
£15–£19 19s.	—	—	6	3	2	10	23	10
£20 and over	—	—	8	3	2	10	31	14
No of persons on which % based	66(1)	100	236(2)	100	21	100	225(2)	100

* Less than 0 5%.

(1) Excludes 2 people not giving complete income

(2) Excludes 31 single and 16 joint incomes not given in whole or part

A similar proportion of those with single incomes in the lowest income groups (up to £5) have home helps which would not have been expected if having a home help was dependent on having a low income At the higher end of the scale for single incomes, only 6% of those with a home help have an income of £8 or more while there is some 22% of the single old people at this income level

The proportion having home help in the £6 £8 range is similar to the proportion to be found in the general elderly population but while about 19%

of single elderly people have an income of between £5 and £6, 33% of those receiving the services of a home help come into this income range.

As far as those with joint incomes are concerned (mostly married couples), the numbers of those receiving home helps are too small to allow for comparisons, although they do show a tendency for a higher proportion of those with a joint income of £10 or less to have home helps.

It would appear that having a comparatively high income means there is less likelihood of having a home help. It has been shown in table 12 that receipt of National Assistance is one of the factors enabling an elderly person to have a home help. There was, in one area previously reported on, an indication that a high proportion of those with very small incomes did not receive home helps, which led us to examine the hypothesis that a number of elderly people were not receiving home helps because they could not afford the full rate, and were not prepared to have their incomes examined in order to claim free or reduced cost help. This would not appear to have happened in Salisbury. Those drawing National Assistance automatically got free home helps, and most of those not on National Assistance were also getting free home helps.

Of the 29 people not receiving National Assistance, 2 did not say how much they paid and a further 2 had the money paid for them by a relative and did not know the amount. Of the remaining 25, 17 were receiving the service free, 4 single people were paying amounts ranging up to 7s. 6d. (they had incomes of £4-£6 per week), and 4 people (3 households) were paying 10s. or more. The latter 4 persons all had comparatively high incomes.

Not only is there no reason to believe that those not drawing National Assistance are not getting home helps, but the original data show that there is little difference in the number of home help hours allocated to those with or without National Assistance.

One would expect those receiving home helps to be less fit than elderly people in general. Let us examine this.

3.7 MOBILITY OF OLD PEOPLE HAVING HOME HELPS

We have seen that none of the elderly people with home helps is bedfast. 27 are permanently housebound, 62 usually go out, of whom 5 were temporarily housebound at the time of interview. Comparing this sample with that of the general population, it is found, as would be expected, that a much higher proportion of those getting home help are housebound.

TABLE 14

Mobility of those having home helps compared with the general population

Mobility	Home help	General population
	%	%
Bedfast permanently	—	0·6
Housebound permanently	30·3	10·2
Housebound temp., usually goes out	5·6	2·8
Goes out	64·1	86·4
No. on which % based	89	508

30% of those having a home help are housebound permanently, and a further 6% temporarily, compared with 10% permanently and 3% temporarily housebound in the general population 86% of people of retirement age usually go out, compared with 64% of those having home helps

Further evidence on this point may be obtained by examining the capacity for self help of the 2 samples (table 15)

TABLE 15

Comparison of proportions in home help sample having difficulty in performing given functions, compared with the general sample

Difficulty with	Home help sample	General sample
	%	%
Going out of doors on own	50	19
Getting up or down stairs on own	62	27
Getting about house on own	22	9
Getting in and out of bed on own	18	7
Washing themselves	8	5
Bathing	46	19
Dressing	12	7
No on which % based	89	508

It will be seen that a far higher proportion of those having home helps have more difficulty getting around and helping themselves than do elderly people generally

Whether they see their doctors more or less regularly is shown in table 16

TABLE 16

Doctor's attendance on general population, compared with those receiving home helps

Doctor's visits	Home help sample	General sample
	%	%
Subject visits doctor regularly	12	10
Doctor visits subject regularly	23	8
No regular visits	65	82
No on which % based	89	508

TABLE 17

Frequency of visits for those seeing doctor regularly

Frequency of visit	Home help sample	General sample
	%	%
At least once a week	10	7
Every 2 or 3 weeks	35	31
Once a month	45	39
Less frequently than once a month	10	23
No seeing doctor regularly on which % based	31	93

It will be seen that Salisbury G.P.s see a higher proportion of those receiving home helps, not only more regularly, but more frequently (see table 17).

Where the doctor is not seen regularly, informants were asked when they last saw a doctor. 12% of those having a home help had not seen their G.P. for over a year (38% of the general sample) while 16% saw him within the last 7 days (6% of the general sample).

It is clear then that the home help sample, while being less mobile and not as well able to look after themselves, do get more attention from their G.P.s.

4.0 ELDERLY PEOPLE IN THEIR OWN HOMES—GENERAL SAMPLE

How do older people manage with cooking, housework, etc.?

The 508 people of retirement age in the general sample were asked who did most of the cooking, shopping and housework. Their replies are given in table 18.

TABLE 18

Person responsible for most of the cooking, shopping and housework

Person responsible for	Cooking %			Shopping %			Housework %		
	Men	Women	All	Men	Women	All	Men	Women	All
Self	15	77	60	23	66	54	11	63	49
Spouse	62	2	19	46	4	16	49	2	15
Shared self and spouse	6	4	5	11	7	8	15	8	10
Child (in-law) in h/d	7	6	6	10	7	8	8	8	8
Child (in-law) outside h/d	2	1	1	4	4	4	2	1	1
Other relative in h/d	2	3	3	1	4	3	2	3	3
Other relative outside h/d	1	1	1	—	2	2	1	1	1
Other person in h/d	3	2	2	3	2	2	3	1	2
Friend/neighbour	—	1	*	—	2	1	—	—	—
Home help/M-O-W/welfare	1	1	1	1	1	1	3	6	5
Private domestic help/eat out	1	2	2	1	1	1	6	7	6
Other person outside h/d	—	—	—	—	*	*	—	*	*
No. on which % based	146	362	508	146	362	508	146	362	508

*Less than 0·5%.

Comparatively few old people depend on outside help for most of their cooking, only ½% saying that the home help or meals-on-wheels mainly cater for them in this respect. This is understandable, as only 2 people in our sample (one man and one woman aged 80-84) had meals-on-wheels, and they only had one meal a week.

While a high proportion of those having home helps say the home help does some of the shopping, only 1% of the general elderly population say she does most shopping. This means (since 7% have home helps) that the home help does some, but not the major part of the shopping for some 4% of elderly people and the major part for 1%. Some 8% of elderly people have to rely on someone outside the household other than a home help to do their shopping, half of these people depending on children not living with them.

In the majority of cases where a home help attends, she is responsible for the major part of the housework. As many elderly people in this area rely on paid domestic help as the number relying on home helps for this work. Comparatively few have other people outside to help do the major part, these being mainly children or relatives not living with them.

In 84% of cases the cooking is done by the old person themself or by their spouse, compared with only 78% doing the shopping and 74% the cooking.

Difficulty in doing cooking, shopping and housework

Where the elderly person did most of their own work, they were asked if they were able to do it without difficulty 7% of elderly people were responsible for most shopping but had some difficulty usually in carrying heavy goods, or having leg trouble which made it difficult to walk Just over 2% have to do most of their own cooking and find it difficult, as do 10% of all elderly people who find it difficult to do housework, and are responsible for most of it themselves

The main difficulty encountered with the housework is that they are no longer supple enough to bend, stretch or kneel, or to do the heavy jobs of carrying coals, turning mattresses window cleaning laundry and ironing

4 1 *NEED FOR HOME HELPS*

G P s in Salisbury were asked if any of their patients should, in their opinion, have home helps but could not get them 14 of the doctors thought they had no such patients in need, but 5 doctors estimated that 49 of their patients ought to have them and 1 doctor could not say how many were involved It can thus be calculated that the estimate from all G P s in the area would be 62. The main difficulties given were that home helps were not available or would not go to country districts, or the old people would not have strangers in the house About a third of the G P s thought that the home helps should stay longer with their patients, and attend on more days a week

Three of the 20 G P s knew of patients who had had their home helps removed suddenly within the last 12 months but 2 of these mentioned that it was due to illness of the home help, and lack of replacement 1 doctor said he had patients where the hours were cut down unnecessarily

Seven of the 17 G P s who answered said they had patients who should have home helps or have them for longer periods but who refused this help because they could not afford the charges, one G P saying this was because old people did not understand they could get it free or at a reduced charge, but thought in all cases the full charge would need to be paid Another remarked that people were too proud to have their means investigated

These estimates from doctors are likely to be less than the actual need in

TABLE 19

When elderly people, not regularly seen by doctor, were last seen by him

When last visited	Persons of retirement age not seen *regularly by doctor*	
	No	%
In the last 2 weeks	37	9
Over 2 weeks and up to 1 month ago	36	9
[illegible]	35	9
[illegible]	21	5
[illegible]	39	10
[illegible]	82	20
Over 1 year and up to 2 years ago	54	14
Over 2 years and up to 5 years ago	56	14
Over 5 years and up to 10 years ago	18	4
Over 10 years ago	23	6
No of persons on which % based	401(1)	100

(1) *Excludes 14 persons not answering*

that in a considerable proportion of cases, elderly people had not seen their doctor for quite a long period. Table 16 showed that some 18% of elderly people saw their doctors regularly. Table 19 shows, for those who do not have or make regular visits, when the doctor was last seen.

It may be, therefore, that need for home helps cannot be fully estimated by reference to doctors, and the following method is suggested.

The need for home helps is likely to depend mainly on whether the elderly person is able to get about and, if not, whether there is anyone else, either living within or outside the household, who helps. If not, and they are mainly responsible for carrying out the duties themselves, can they do so without difficulty?

It has been shown that a higher proportion of elderly people who were not able to get out and about at the time of the survey needed home helps than did others. We shall now examine whether household composition is another factor contributing to the need for home helps.

We saw in table 9 that a much higher proportion of home help recipients than the elderly population lived alone, and a very slightly higher proportion are living with other elderly persons. This seems to indicate that where an old person is living alone or with others over retirement age, there is a greater need for home helps.

Those not usually able to get out and about

There were 55 people in this category, in households as follows:

Old person living alone	13
Old person with their child(ren)	14
Old person with others 64 and under	5
Old person with others 65 and over	3
Couple living alone	14
Couple with their child(ren)	5
Couple with other—under 64	1
	55

Of those living alone, 7 had home helps. All 7 said that the home help did most of the housework and 4 most of the shopping, but none said that she did most of the cooking. 1 of those living alone could not get out to do shopping but managed by ordering from tradesmen who called at the house. Shopping was done for the other 2 by relatives outside the household. 5 did most of their own cooking, 1 lady of 84 having difficulty as she had broken both legs and could only move with a tripod support.

Of the 6 who were living alone and did not have home helps, 5 did most of their own housework and had difficulty. However, 1 lady of 86 said she liked doing her own work, could manage, and definitely did not want anyone in the house to help her. None had any difficulty in either cooking for themselves or obtaining meals and all had satisfactory arrangements for getting their shopping.

This suggests that for those living on their own 1 had difficulty with cooking and needs meals-on-wheels, and 4 need a home help to help with difficult housework.

Of the 14 living with children, 1 had a home help. This was a blind lady of 80 who was living with her son who was also only partially sighted and

slightly mentally subnormal 3 were mainly responsible for cooking and 1 for housework, but they had no difficulty in performing these duties 2 of the old people living with younger persons, and 1 living with elderly had to do most of the cooking, but they had no difficulty with it 7 of the 8 did not need to do any of the other housekeeping The remaining person was an old lady of 78 living with her brother who was seriously ill with cancer She had difficulty with shopping and housework, but was helped and visited often by a niece, so the services of a home help were not really needed

Elderly couples, one or both not able to get out

There were 13 elderly couples living alone (in only 1 case were both partners housebound) 5 had home helps, but 1 of these still had difficulty with shopping and housework and could do with the home help for a longer period This was a couple in their early eighties, the wife being housebound The time the home help attended had been cut from 10 hours to 3, because of the cost 2 of the couples who had no home help reported difficulty in doing the housework

Of the 5 elderly couples living with their children and the 1 living with a friend, none reported any difficulty in doing the housekeeping that was required of them Thus for those not able to get out, there is a need for

6 home helps
1 home help more often
1 meals-on wheels

Those able to get out

There were 453 elderly people in our sample usually able to get out, in house holds as follows

	No of persons	*No of* households
[illegible]	108	108
[illegible]	59	59
[illegible]	33	23
[illegible]	34	18
Couple living alone	172	98
Couple with their child(ren)	40	26
Couple with others 64 and under	3	2
Couple with others 65 and over	4	1
	453	335

Of those living alone, 12 had home helps, of whom 10 reported no difficulty One said she had difficulty with cooking and sometimes didn't bother Her daughter did shopping for her, but she was very busy and found it difficult, so the Council were trying to arrange more home help Another lady said she would like the home help to come longer to do some cooking and make fires

Of those living alone, without home helps, 3 had difficulty with housework and shopping, 6 with shopping only and 9 housework only Most of those having difficulty with shopping said that this was because of the heavy carrying involved, but they managed with help from relatives or by making more than one trip Of the 12 having difficulty with housework, 4 had only minor

difficulties and had help from relatives to overcome them. Another lady had slight difficulty because she was partially blind and 'cannot see the cobwebs', but she could manage if someone told her where to dust. She had had a home help 2½ years previously, who had stopped coming because she was not needed any more. The other 7 would appear to need some home help. One woman of 84 said she had been refused help from the County because her income was sufficient to pay for a private home help. She was in the process of arranging for someone to come for an hour a week.

Six of the old persons living with children who reported that they did most of the housework had difficulty; 4 of these lived with children who worked full-time but who did the housework that their parents could not manage, after work or at the weekend. 1 lived with a crippled son who was not working; the only difficulty she reported was with washing sheets as she found it hard work filling and emptying the gas copper, but did not seem to need help with anything else. The sixth person, a lady of 84 living with a son of 57, had a home help for 4 hours a week who did the heavy jobs that she could not manage.

An examination of the conditions of the 41 households containing single old people living with others shows 6 who had difficulty with housework. One of those was a woman of 74 working as a housekeeper for a man of 79, and a home help would possibly not be acceptable. 4 of the others had boarders (one a man of 67) who gave them a little help with the housework but they still had difficulty. The last person, a woman of 80 living with her sister of 77, had a home help but felt that she would need more, especially if her sister did not recover from her present illness.

Of the 98 elderly couples living alone, only 2 had a home help and neither reported difficulty. Of those with no home helps 5 reported difficulty with housework and shopping, 3 with shopping only and 7 with housework only. Four women said that their husbands did the heavy housework when it was too much for them, another got help from the husband of the matron of the Municipal Charities bungalow in which she lived, and one was having temporary difficulty with shopping and housework due to a torn muscle in her leg, but could normally manage by herself. There are therefore 6 couples living alone who it seems would benefit from having a home help.

Only 1 of the remaining couples appeared to need a home help. This was a man (73) and wife (69) living with a boarder (65), and the wife often felt giddy when doing the housework.

Thus, for those able to get out and about there are

18 households needing a home help
3 households needing more help.

Therefore, it can be estimated that the total need is

	Sample (508 persons of retirement age)	Population of Salisbury Census 1966 (6,360 persons of retirement age)
Households needing home help	24	300
Households needing more help	4	50

The old people were asked whether there was anything that would lead them to refuse a home help and 3 of those whom we considered needed help said they would not apply, 2 of them expressing doubts about whether they

could afford to pay for a home help but otherwise they were willing to have one. The third person did not want anyone other than relatives in the house and if we exclude her on the grounds that she could not be persuaded to have home help, our estimate becomes

households needing home helps	290
households needing home help more often	50

The most urgent need for those not able to get out is

households needing home helps	75

All the informants were asked if they themselves thought they needed a home help. Only 14 persons (12 households) thought they did, and of those, 12 persons (10 households) qualified under our criteria. The two cases which we had not considered needed a home help were as follows:

(i) A woman of 82 who was not responsible for any of the housekeeping which was done by her married daughter with whom she lived, and a private domestic help. The old lady complained about the £1 which she had to pay for the private help. Her daughter who did most of the work was working full-time herself, and was obviously disgruntled at having to do so much to help her mother. The daughter complained to the interviewer about her own health, saying that the mother was going blind and should be in a Home.

(ii) A housebound woman of 64 living with her husband aged 62 who worked part-time and daughter working full-time. She had had a serious heart attack and had been ill in bed for some months. At that time she had a home help for which she paid 4s. an hour because her husband would not declare his income. This home help had later been transferred to another patient, so our informant went back to having a private domestic help. The subject did her own cooking without difficulty, her shopping was done by friends and the private help did most of the housework.

Only 2 of the 6 we considered to have the most urgent need for a home help said themselves that they thought they needed help.

If an estimate was made on the basis of the elderly persons' own assessment of whether they needed home helps, this could be calculated as

Households needing home help	150

which is considerably lower than the total estimate on the basis of the data we have examined.

This will be discussed when we examine the other areas to see whether a similar situation arises.

A further estimate was made excluding the women aged 60-64. We found that for men and women aged 65 and over 19 households needed home helps, which is equivalent to 240 in the whole of Salisbury.

II HOUSING FOR OLDER PEOPLE

Salisbury housing is the responsibility of the Town Clerk. The following information was obtained in an interview with the head of the housing department on September 28th 1965.

1.0 PRESENT PROVISION

In Salisbury, at the time of the interview there were 322 old people's dwellings, of which 104 were bungalows, the rest being either one-bedroom or

bedsitting room dwellings. Most of these are occupied by persons 60 or over, but some are allocated to younger people. This provision represents 14% of the total number of Council dwellings, and is considerably higher than the national average, which is only 5·7% of Local Authority housing provided in bedsitting room and one-bedroom dwellings.

In addition, in Salisbury there are some 300 two-bedroom flats which, although normally let to young couples with a child, are sometimes allocated to elderly people.

This provision should be viewed in the light of the proportion of elderly households in the population. According to the census (1961) 22·3% of all households in Salisbury consist of one or two elderly persons. This is, of course, an underestimation as it does not include hidden elderly households, i.e. those living with younger people who are desirous of having separate accommodation.

1.1 WAITING LIST

There is a waiting list for old people's accommodation, which is still open. A special list is kept of old people, and there were applications on the waiting list for 152 units of accommodation. Half of these had applied in the last 2 years (38 in 1965 and 41 in 1964), and some 30% in the previous 3 years; 11 of the 152 applications had been in for 8 or more years.

All applicants on the waiting list are asked every 18 months if they still wish to remain on the list. This is done by letter, and if no reply is received, it is assumed the applicant is no longer interested.

Anyone living or working in Salisbury can get on the waiting list for rehousing, but the application will not be considered until the applicant has either lived or worked in the area for at least a year.

When housing units become available, or, in the case of newly built property, when it nears completion, the waiting list is gone through, and those cases with the highest priority are interviewed to check the details on the application form. The selected cases then go before the House Letting (Sub) Committee for consideration and action.

1.2 FACTORS TAKEN INTO CONSIDERATION WHEN ALLOCATING OLD PERSONS' HOUSING

The present policy is to house old people

(1) whose present dwellings are subject to slum clearance or redevelopment.

(2) applicants from the waiting list whose priority is decided by a point scheme, taking into account a variety of factors. The factors which must commonly account for elderly people gaining enough points to be rehoused (25 points or more) are as follows:—

1. Length of residence in Salisbury, 1 per year up to a maximum of 15.
2. Condition of present accommodation. Fair 1-5, poor 6-10, very poor 7-14. None 15. Applicants are considered to have no home of their own if they are living temporarily with relatives or other people because they have nowhere else to go, if they are in furnished rooms or in tied accommodation which they will have to vacate on retirement. Applicants under notice to quit are also considered as having

no place of their own, although since December 7th 1964 the Protection from Eviction Act 1964 and the Rent Act 1965 have resulted in this being rare

3 Length of time without a home 2 points per year (maximum 12 points) are given for the length of time applicants have been living without a home of their own, i e as domestic servants, boarders or living in furnished rooms

4 Length of time on the waiting list 2 points per year

5 Health points Up to a maximum of 10 points for a chronic illness or disability These are given on a certificate from the applicant's own doctor, or, in some cases on a report from the M O H

Apart from the basic points, such as length of residence in Salisbury, time on the waiting list, etc., the other points are allocated by the House Letting (Sub) Committee on the evidence of a personal interview of the applicant by the Committee, and a home visit report by the Housing Manager

It is the Housing Department's policy to encourage their elderly tenants who are living in accommodation too big for their requirements to move to smaller dwellings Some tenants apply for a transfer, others are approached by the Council No compulsion is used to affect a transfer

1 3 WARDEN SUPERVISED DWELLINGS

There is one scheme of 26 dwellings which has warden supervision 27 people live in this scheme, 2 of whom are not of pensionable age Each flat has its own kitchen, bathroom and w c , and there is a communal sitting room with a TV set There is no heating or hot water from a central source the heating being provided by gas warmed air which together with the hot water supply, is under the control of the tenant

There is also a guest bedroom which can be used for the tenants' visitors The charge is 7s 6d a night or 30s a week with a maximum length of stay of two weeks unless authority is given by the Housing Committee for a longer stay There is a small laundry fitted with a washing machine provided by the County Welfare Department

Wiltshire County Council make an annual grant of £50 per unit and tenants for warden accommodation are chosen jointly by the Local Authority and the County A list of people on the waiting list who are capable of looking after themselves, but feel they need someone to keep an eye on them, is submitted to the County Welfare Officer, who also has a list of people in Residential Homes and hospitals who might be suitable for warden supervised dwellings The choice is made after joint consultation

1 4 REHOUSING OF OLD PEOPLE 1964 1965 INCLUSIVE

In these 2 years 86 elderly Salisbury people were rehoused in 73 units Reasons for rehousing were medical, below-standard accommodation homelessness due to court orders, etc , and one person came from Part III accommodation

1 5 FUTURE HOUSING PLANS

Plans had been made for the erection of 18 units of accommodation (10 doubles and 8 singles), which would be under the supervision of a warden

This would allow for 18-28 elderly persons to be rehoused, and they were expected to be ready for occupation in February 1966 or earlier.

Since there are 155 elderly people on the waiting list, this small addition will still leave an unsatisfied demand for housing if all those on the waiting list were to qualify for rehousing. This will be examined later.

2.0 THE SAMPLE

To get some idea of the background of those being rehoused, a sample of elderly households rehoused between January 1962 and July 1965 was drawn, resulting in a total sample of 73 addresses. 2 of these proved to be ineligible because they contained no one 60 or over. At the remaining 71 addresses there were 83 people, of which 76, in 66 households, were interviewed. 4 people refused to be interviewed, 1 person was away at the time, it was not possible to interview another because of illness and 1 man was considered ineligible because he had not been rehoused by the Council, but had married the tenant and taken up residence after she had moved in. His wife was included in the sample.

Of the 66 households involved, 48 contained 1 person aged 60 or over on their own, 12 contained 2 people, both of whom were 60 or over, and 6 contained 2 people, only 1 of whom was 60 or over.

Of the 76 people interviewed, 33 said they had been rehoused within the last year. 25 between 1 and 2 years ago, 6 between 2 and 3 years ago, 11 between 3 and 4 years ago, and 1 between 4 and 5 years ago. (As the sample only included people housed within the last 4 years this person, a housebound 78-year-old woman on her own, was no doubt mistaken in her answer.)

2.1 CHARACTERISTICS OF THOSE REHOUSED IN THE LAST 5 YEARS

AGE, SEX AND MARITAL STATUS

The present ages of men and women in our sample are shown in table 20.

TABLE 20

Present age of men and women rehoused in last 4 years

Age	Men	Women	Both sexes
60–64	—	11	11
65–69	5	20	25
70–74	5	9	14
75–79	4	12	16
80–84	2	4	6
85 and over	—	4	4
All ages	16	60	76

There is a far higher proportion of women aged 60-64 than men in the same age group, but this is probably due to the tendency of men to marry women a few years younger than themselves. 23 of our informants were married, 16 were single, and 37 widowed, divorced or separated.

The original data show that 2 of the 76 were rehoused before they were 60 years old (both women, none of the men was under 65), a further 14 between the ages of 60 and 65, and altogether just over half (40) before they were 70. 14 were aged between 70 and 74, and 15 between 75 and 79. 7 were at least 80 years of age.

2.2 HOUSEHOLD COMPOSITION BEFORE MOVING

Before being rehoused 30 persons lived alone. 22 lived with a husband or wife, in 18 cases the married couple being on their own. In 3 cases the couple lived with married or unmarried children and in 1 with an unrelated person under 65 Of the remaining 14 households, 6 comprised 2 relatives living together, 3 were 2 or 3 unrelated people living together and 4 were 1 elderly person living with married or unmarried children 1 person interviewed had previously lived in an institution

2.3 LENGTH OF TIME LIVING IN SALISBURY

Most of those rehoused had lived in Salisbury for at least 10 years. 31 had lived in the area for at least 40 years, of whom 4 had been over 70 years in the town 10, however, had lived in Salisbury for less than 10 years, 3 of these for less than 2 years (2 had lived in Salisbury for less than 1 year and were rehoused because of slum clearance and the third's memory of length of residence was unreliable)

3 0 PREVIOUS ACCOMMODATION

3 1 LENGTH OF TIME IN ACCOMMODATION PRIOR TO REHOUSING

Two people had been in their previous accommodation for less than a year, while 38 had lived in their previous dwelling for 10 years or more.

3 2 TYPE OF DWELLING AND AMENITIES OF PREVIOUS ACCOMMODATION

(a) Ownership/tenancy

Table 21 shows the tenancy position of the households and persons imme diately prior to rehousing

TABLE 21

Tenancy of previous dwelling

Tenancy of previous dwelling	No of people aged 60 and over	No of households
Owner/occupier	1	1
L.A tenant	11	11
Rented	52	43
Boarder	3	3
Rent free	8	7
In institution	1	1
All tenancies	76	66

Most of those rehoused had been renting accommodation privately

(b) Sharing amenities

One of the factors frequently considered as a basis for rehousing is lack of, or sharing, amenities, i e, kitchen, bathroom and w c. The number of house holds sharing amenities is shown in table 22

TABLE 22

Number of people with different types of tenancies sharing, or lacking, amenities

Ownership of previous dwelling	Having sole use all amenities	Lacks/ shares bathroom only	Lacks/ shares w.c. and bath	Lacks/ shares all three	No. of persons
Owner-occupier	1	—	—	—	1
L.A. tenant	9	2	—	—	11
Rented (not Council)	20	19	4	9(1)	52
Boarder	3	—	—	—	3
Rent free	5	—	2	1	8
All types of tenancy	38	21	6	10	75(2)

(1) One person had no separate kitchen, no bath but sole use of a w.c.
(2) One person living in an Institution has been excluded.

TABLE 23

Number of rooms occupied by rehoused households with different types of tenancies

Type of tenancy	No. of rooms(1)							
	1 or 2		3		4		5 or more	
	h/ds	persons	h/ds	persons	h/ds	persons	h/ds	persons
Owner-occupier	—	—	—	—	—	—	1	1
L.A. tenant	5	5	4	4	1	1	1	1
Rented	14	15	6	7	8	10	14	19
Boarder	1	1	—	—	—	—	—	—
Lived rent free	5	5	—	—	—	—	1	1
In institution	1	1	—	—	—	—	—	—
All types of tenancy	26	27	10	11	9	11	17	22

(1) Number of rooms excludes bathrooms, sculleries, etc. and kitchen unless it is big enough to eat in.

Of the 11 persons rehoused from L.A. accommodation (11 households), 5 single-person households had 1-2 rooms, 4 single-person households had 3 rooms, 1 single-person household had 7 rooms, and one 2-person household had 4 rooms.

Of those not previously L.A. tenants (65 persons, 55 households), 17 single-person and four 2-person households had 1 or 2 rooms, 5 single and one 2-person households had 3 rooms, four 1-person and four 2-person households had 4 rooms, and 9 single and seven 2-person households had 5 or more rooms. Answers were not obtained for 4 households.

Assuming that having 3 rooms or more in excess of the number of people in the household constitutes having too much accommodation (the definition generally assumed by Salisbury) then only 1 (9%) of those who were previously Local Authority tenants had had too much accommodation, compared with 39% of those not previously Local Authority tenants. The proportion for the whole sample was 34%. In the general population, 54% of the households had by this definition too much accommodation. As owner-

occupiers form a large proportion (41%) of the households in the general population, but only 1 of the rehoused sample, it might be interesting to separate the owner occupiers from the remainder of the households 76% of the owner occupiers had at least 3 rooms or more in excess of the number of people and 38% of the remainder of households It would appear from this that, as a similar proportion in the rehoused sample had too much accommodation as in the general sample minus the owner occupiers having too much accommodation would not appear to be a main reason for rehousing

Interestingly, out of all the households in the general sample for whom answers were obtained, 384, only 5 had less rooms than people and so might be overcrowded None of these were owner occupiers all but 1 being Local Authority tenants In fact none were statutorily overcrowded In the rehoused sample there were 4 households where there were less rooms than people, all 2-person households who previously had had 1 room only

4 0 ACCOMMODATION AFTER REHOUSING

4 1 TYPE OF ACCOMMODATION

The majority of those interviewed were in old people s dwellings only 9 being in an ordinary flat in a block 9 were in old people s bedsitting room flats 26 in 1 bedroom flats 3 in 2 bedroom flats and 3 in bungalows 26 were in warden supervised accommodation

4 2 HEATING

Forty three of the 66 households interviewed heated their main living room by means of a solid fuel fire 19 of these using this form of heating only and 19 at times using an electric fire as well as, or instead of the solid fuel fire In 4 households an oil heater was used as well as or instead of the solid fuel fire at times, and in 1, a gas heater In 20 of the households the room was heated by means of central heating 16 of these using the central heating exclusively, the other 4 sometimes using an electric fire as well 1 household heated the room by an electric fire only 1 used an oil heater and an electric fire and another a gas fire and an electric fire

83% said they were warm enough in their living room during the winter and 9% had not yet experienced a winter in the accommodation Of the remaining 6 people (8%) who said they were not warm enough 2 blamed the way the dwelling was constructed, 2 the siting of the dwelling 1 the heating apparatus and 1 said she felt the cold anyway

4 3 DISTANCE MOVED FROM PREVIOUS ACCOMMODATION

Many of the elderly seem to have moved quite a distance from their old homes 13 of the 76 said it would take them over half an hour to go back to their old home and another 19 between 21 and 30 minutes It was thought that people might have had reservations about moving some distance away, but out of 44 who had moved 15 minutes or more away, only 4 had thought of refusing the offer of accommodation because of the distance 2 of these had previously lived 31 45 minutes away, 1 between 21 and 30 minutes and 1 between 16 and 20 minutes 2 said they were now satisfied with the location of their present accommodation but 2 would have preferred to be nearer their old homes

5.0 DID REHOUSED WANT TO MOVE?

Twenty-four of those rehoused wanted to move, 38 had to move, and 14 both had and wanted to move.

The reasons given for moving are shown in table 24.

TABLE 24

Reasons for moving

Reasons for moving	Had to move	Wanted to move
Lack of amenities	—	6
Slum clearance	21	—
Health	8	12
Finance	—	2
Pressure from family	4	—
House/garden too big	—	6
Wanted a place of own/security	—	8
House in bad condition	—	5
Given notice to quit	10	—
Retired from tied accommodation	3	—
To be near children/relatives	—	2
Wanted different location	—	4
House had to be sold	4	—
Had no home of own	1	1
All reasons	51	46

Four of the 38 saying they had to move were L.A. tenants, all for personal reasons, such as health. They were not compelled by the Council to move. Of the 6 who wanted to move because the house or garden was too big, 5 had been in privately rented accommodation and 1 had been an owner-occupier.

For 43 of the households in the sample, information was available of the way in which they officially obtained their accommodation, i.e., whether by reason of a transfer from other Council accommodation, or because of slum clearance or from the waiting list. It is interesting to see in these cases how this compared with the respondents' answers to the question 'Did you want to move, or did you have to?'

Official reason for rehousing	Respondents' replies (Households)			
	Wanted to move	Had to move	Both wanted and had to move	Total
Transfer	4	1	—	5
Waiting list	9	11	6	26
Slum clearance	1	7	2	10
Mutual exchange	1	1	—	2
All reasons	15	20	8	43

Over half, 26 out of 43, were housed from the waiting list, i.e., they had applied to the Council for accommodation. Yet 11 of these said they had to move, implying that they did not really want to move. 5 of the 11 households

said they had to move because they had been served with notice to quit, and the other 6 gave a variety of reasons, such as on health grounds or because they had to retire from tied accommodation, etc. The 6 who both had to move and wanted to move, gave slum clearance and being under notice to quit as their main reasons for having to move

As would be expected almost all of those who were, according to the Council records, rehoused under slum clearance schemes, said they had to move, and most of those transferred from other Council accommodation said they wanted to move

It would appear that as far as the waiting list is concerned it cannot be assumed that all the applicants positively want to move as many regard it as a *necessity arising out of circumstances such as being under notice to quit as* regard it as a desirable step This is borne out by the findings on the housing waiting list sample, where 11 out of 44 interviewed said they did not wish to move In some cases it was obvious that circumstances such as retirement from tied accommodation, demolition of the dwelling etc, would necessitate their moving and accepting Council accommodation

6 0 LENGTH OF TIME ON WAITING LIST

The length of time people rehoused in the last 4 years had been on the waiting list before being rehoused is shown in table 25

TABLE 25

Length of time on waiting list before being rehoused

Length of time	Had to move	Wanted to move	Both had and wanted to move	Total
Never	12	3	—	15
Less than 3 months	6	1	1	8
3 months, less than 6 months	2	3	—	5
6 months, less than 1 year	6	4	1	11
1 year, less than 2 years	3	3	4	10
2 years, less than 3 years	7	1	—	8
3 years, less than 4 years	1	2	1	4
4 years, less than 6 years	—	1	3	4
6 years, less than 10 years	—	3	2	5
10 years or more	1	3	2	6
All persons	38	24	14	76

More of those who had to move were never on the waiting list than those who wanted to move, and as the majority of the former were rehoused because of slum clearance, this is to be expected Excluding those who were never on the waiting list, those who had to move were on an average on the waiting list a shorter time than those who wanted to move In fact all but 1 had been on the list for less than 4 years whereas a third of those wanting to move had been on the list over 4 years

The point scheme which gives a large number of points to people who have to vacate their accommodation (10 of the sample said they had to move because they were under notice to quit, and another 3 because of retiring from tied accommodation) would account for this

7.0 WARDEN-SUPERVISED ACCOMMODATION

Do those rehoused in warden-supervised accommodation differ in any ways from those in ordinary old people's housing?

Twenty-six of the sample were rehoused in warden-supervised housing, most of the remainder being in other old people's housing, with a few in ordinary L.A. accommodation. In comparing the 2 populations, although the age distribution does not differ very much, a considerable number of those in warden accommodation were less mobile than those in normal housing. Nearly a third in warden accommodation were permanently housebound at the time of housing compared with only 8% of the others.

TABLE 26
Age distribution

Age	Warden-supervised accommodation	Ordinary L.A. housing
	%	%
60–64	8 } 46	18 } 48
65–69	38	30
70–74	16	20
75–79	23	20
80 and over	15	12
No. of persons	26	50

Other indications that the tenants of warden-supervised accommodation were more frail than those of ordinary housing are that they were receiving more attention from the health and welfare services. 7 of the warden-supervised residents used to have the Health Visitor calling regularly before being rehoused, and 5 were receiving regular visits after rehousing. For the ordinary housing tenants these figures were only 1 (before rehousing) and 2 (after rehousing). All those in the sample receiving visits from the Welfare Department (4) or having any other welfare service (3) were living in warden-supervised housing. 23% from warden accommodation were attending a hospital out-patient department compared with 10% of the others.

Considerably more people in warden accommodation were having home helps than those in ordinary housing, even taking into account the fact that half of them only started to have a home help after they had moved.

	Warden-supervised accommodation	Ordinary L.A. housing
Had home help before moved and now	7	—
Had home help since moved only	7	2
Total numbers having home help	14	2

In looking at the difficulties that the old people experienced in doing things on their own, only 4 out of the 26 in warden-supervised accommodation experienced no difficulty at all compared with 20 out of 50 in the ordinary housing.

TABLE 27

Difficulties experienced in doing things on their own

Those who had difficulty in managing on their own	Warden supervised accommodation	Ordinary L A housing
	%	%
Going out of doors	46	20
Going up and down stairs	65	48
Dressing	23	12
Getting about the house	15	4
Cutting own toe nails	58	34
Getting in and out of bed	12	6
Washing themselves	15	4
Bathing	54	22
Base for percentage	26	50

All of those who had transferred from other Council accommodation (11) were in warden supervised housing This was the only sheltered scheme in Salisbury at the time and it had obviously been used for transferring tenants known to be frail and in need of supervision 5 of the 11 had had 2 or 1 room L.A dwellings previously so had probably been in normal old people's accommodation The others had been in larger sized accommodation which had no doubt become too big for them

Only 1 in the sample of people in warden supervised accommodation was working a woman of 65 who was working part time In the ordinary old people's housing there were 7 working full time and 9 part time

To summarise it would seem that warden supervised accommodation is used to house those less able to look after themselves

8 0 OTHER WELFARE SERVICES

It has already been pointed out that more people have home helps since being rehoused than previously and it might be interesting to look at some of the other welfare services 1 person only was having meals on wheels delivered but none had had them before rehousing 7 were having L.A chiropody treatment after rehousing compared with 5 before rehousing 1 person had the District Nurse calling before being rehoused and 3 after rehousing

It would seem that being rehoused leads to some extension of the use of other welfare services in particular home helps It is interesting to note however, that fewer in the warden supervised accommodation were being visited regularly by the Health Visitor since they had been rehoused

9 0 VIEWING THE ACCOMMODATION AND MOVING

Twenty two (29%) of those rehoused never actually saw the place they were being offered before accepting it Some however had seen similar flats or had watched the flats being built so were familiar with them In some cases where the elderly person was physically unable to view the accommodation it was viewed by a relative or friend instead 17 (22%) of the elderly went to view the accommodation on their own and 31 (41%) took a friend or relative to see it before accepting 6 of the 76 rehoused were shown over the proposed accommodation by a housing official None of the 7 people aged 80 or over when rehoused were taken round by an official

About half said their tenancy started within a week of their accepting accommodation, and nearly 30% within 1 or 2 weeks. In 5 cases a period of about a month elapsed before the tenancy started.

Most of those rehoused (over 80%) said they had sufficient time in which to make their arrangements for moving, although about 20% said they would have liked a little longer, mostly less than 2 weeks. 3 of the 13 people who would have liked a little longer actually asked that their tenancy be held up, but this was refused.

9.1 DIFFICULTIES WITH THE MOVE

Only 1 man had any difficulty in getting the mains services laid on, and he received no help in making his arrangements. 32 (42%) said they had not known that they could have had access to the dwelling before moving to measure up for curtains, carpets, etc. Of these 23 did their measuring after they moved in, 5 made do with what they already had, and 4 paid an extra week's rent before moving in to enable them to have access to the dwelling for this purpose.

The majority (79%) had help with the move, i.e., with packing, unpacking and settling in. Half of these were helped by their children or children-in-law, a quarter by other relatives and about a fifth by friends or neighbours. Of the 16 who had no help with moving, only 4 experienced any difficulty over the actual move, and all 4, women under the age of 80, said they would have liked someone from the Council to help.

It would appear that the elderly could do with more help over viewing and moving, and that many are not made aware of the facilities which do exist for assisting them.

10.0 ASSESSMENT OF HOUSING NEEDS ON LOCAL AUTHORITY CRITERIA FOR REHOUSING

Houses are allocated to people on the waiting list on a point scheme, as outlined in paragraph 1.2. The main reasons for elderly people gaining sufficient points to be rehoused in Salisbury were:

1. Having no home of their own.
2. Having a chronic illness or disability which is aggravated by their present housing conditions.
3. Either of these combined with residential points for having lived in Salisbury for a number of years. [In the rehoused sample only 10 people had lived in Salisbury less than 10 years, and 80% had lived there for at least 15 years, so would have qualified for the maximum number of residential points, as would 84% of the respondents in the general sample.]

To arrive at the number of people in the population in need of housing, the general sample was first sorted into those without a home of their own on the following assumptions:

1. That people who are lodging temporarily with relatives or with other families are without a home of their own by Salisbury's own definition, and would be classified on the schedule as 'boarder' or as 'living rent free'.
2. That people living in tied accommodation will be without a home of their own when they retire, and these also will be classified as 'living rent free'.

TABLE 28

People considered to be in need of housing

Length of residence in Salisbury	(a) Because they have no home of their own				(b) Because they have difficulty with stairs and have stairs in their present accommodation				(c) Because their present accommodation is too large and they have difficulty with housework			
	Wants to move		Does *not* want to move		Wants to move		Does *not* want to move		Wants to move		Does *not* want to move	
	Will accept L.A. accommodation	Will *not* accept L.A. accommodation	Will accept L.A. accommodation	Will *not* accept L.A. accommodation	Will accept L.A. accommodation	Will *not* accept L.A. accommodation	Will accept L.A. accommodation	Will *not* accept L.A. accommodation	Will accept L.A. accommodation	Will *not* accept L.A. accommodation	Will accept L.A. accommodation	Will *not* accept L.A. accommodation
Less than 4 years	1	1	2	11	2	—	—	4	1	1	—	2
5–9 years	2	—	1	8	—	1	1	5	—	—	—	1
10–14 years	—	—	—	2	—	—	—	1	—	—	—	—
15 years and more	6	1	5	56	11	3	12	62	5	1	4	26
Total	9	2(1)	8(2)	77(17)	13(4)	4(1)	13(4)	72(32)	6(4)	2	4(2)	29(15)
Total number in each category				96(20)				102(41)				41(21)

The numbers which appeared in two categories (none appeared in all three) are in brackets. None appeared in both (a) and (c). Half of those in category (c) appeared also in category (b)

3. That people living in rooms without the sole use of a proper kitchen ar without a home of their own.

These were then sorted according to (a) whether they wanted to move o not from their accommodation, (b) whether or not they would accept Loca Authority accommodation (in the whole sample 20 more said they woul accept Council accommodation than said they wished to move), and (c) lengt of time they had lived in Salisbury. All those who said they wished to mov or would accept Council accommodation, or both, were looked at individuall and, as far as possible, given points on the basis of the scheme outlined i paragraph 1.2. Those with 25 points or more were considered as being i need of housing.

The same procedure was followed for those needing to be rehoused o health grounds. It was assumed that all those who experienced difficulty wit going up and down stairs on their own, and who had to negotiate stairs i their present accommodation, either within the dwelling or on the access to i might need to be rehoused in more suitable accommodation. Similarly thos with accommodation too large for them who had difficulty with the housewor might be in need of rehousing. Generally, Salisbury Housing Department con siders accommodation to be too large where the number of rooms exceeds th number of people in the household by 3 or more, so the general sample wa sorted into those with too much accommodation by this definition. Thes were then further sorted by whether or not the respondents experienced an difficulty in doing their housework, or felt in need of more help with it.

Table 28, on page 155, shows the numbers by each of these definition thought to be in need of housing, and table 29, below, the numbers when the categories have been combined.

TABLE 29

In need of housing because has 'no home of own' or on health grounds

Residence in Salisbury	Wants to move		Does *not* want to move		Total
	Will accept Council accommodation	Will *not* accept Council accommodation	Will accept Council accommodation	Will *not* accept Council accommodation	
Less than 4 years	3	2	2	13	20
5–9 years	2	—	2	14	18
10–14 years	—	—	—	3	3
15 years and more	19	5	17	116	157
Total	24	7	21	146	198

Out of the 198 thought by the criteria outlined above to be in need c housing, 146 said they neither wished to move, nor to accept L.A. accommoda tion, so would not require rehousing. Of the remaining 52, all 7 who wishe to move, but would not accept Council accommodation were found not to b in housing need. This left 45 who would accept Council accommodatior 5 of whom had lived in Salisbury for less than 4 years, so did not get sufficier residential points (and an examination of the original data did not show tha they would get sufficient points on any other counts to make up for this).

Of the 40 who had lived in Salisbury 5 or more years (the majority at le 15 years) the original data showed that 30 would probably be eligible housing 1 of these, however, a crippled, permanently housebound woman 81, although gaining sufficient points for rehousing, should really be in Welfare Home, as she is not fit to live alone She has, at present, a niece wi her husband and young baby, living with her temporarily, and caring for he

The remaining 29 people represent 5 7% of the total sample They form 2 households, 6 of whom are owner occupiers Salisbury has up until now accepted owner-occupiers on their waiting list (5 out of 32 households on the waiting list sample are owner occupiers), and will rehouse them on health grounds, although this is now under review It is interesting here to note that 41% of the households in the general sample are owner occupiers, the national average being 33 4% Also included in the estimate are 4 households already living in Council houses who need, on health grounds, more suitable accommodation

Two households which were not homeless at the time, but were potentially without a home of their own, are included in the estimate, although it is realised that this is a measure of present need, not potential need

1 A single woman of 65 acting as housekeeper to her widowed brother-in-law (76) in a 4-room privately rented house with an outside w c and no bathroom The respondent said she would like to move and have a small place of her own, but felt she cannot leave her brother-in-law He is mobile and does not want to move Should she feel able to leave him, she would be regarded as having no home of her own now Certainly if he dies before she does (and this is likely) she will be homeless, as the house is in his name and she says she will have to vacate it

2. A household consisting of a married couple, aged 66 and 60, and their son, aged 17 They are living in a house belonging to the Ministry of Aviation, where the husband is employed He is likely to have to retire in November 1966, when he will have to vacate the house

Two of the households included in the estimate had already been offered Council accommodation and were moving in the near future

In addition to the above criteria, the only 5 cases in the general sample where the number of people in the household exceeded the number of rooms were looked at to see if there was any overcrowding In all but 1 case, they were Council tenants, and none were overcrowded In one, however, a family consisting of husband (aged 76), wife and 4 daughters between 6 and 12 years of age in a 4 roomed Council house, the respondent (husband) said he would like a larger house This one has not been included in the estimate because with 3 bedrooms and all the children the same sex, there was no statutory overcrowding

The housing requirements of the 26 households, and the estimated need in the total population of elderly in Salisbury are as follows —

	Estimated need of sample	Estimated need of population
Single person units	13	163
Double units for married couples	4	50
Other double units	2*	25
Larger units	7	88
	26	326

* 1 for a brother and sister and 1 for a mother and son (Council tenants needing a transfer)

This estimate does not, of course, take into account the number of people due to be rehoused from houses demolished because of redevelopment, road widening, slum clearance, etc. Salisbury does not have many slums as such, and the number of households rehoused from clearance areas, it is estimated, is on an average about 10% of the total lettings. (In the rehoused sample there were more than 10% because of a particularly large clearance scheme carried out during the period the sample covered.) This would mean approximately another 36 dwellings being needed, bringing the total estimated number up to 362.

10.1 G.P.S' OPINION ON HOUSING NEED

It may be of some interest to know what G.P.s in Salisbury think about the housing situation as it affects old people. 20 of the 21 G.P.s in Salisbury co-operated in our inquiry.

They felt that people 65 *and over* should be rehoused in the following circumstances:—

	No. of mentions
Medical reasons specifically mentioned, e.g. heart trouble, bronchitis, arthritis, necessitating a move to more suitable accommodation	14
General need for elderly not to have to climb stairs or hills	12
Substandard housing, particularly where no inside w.c.	9
Inadequate heating	5
House too large for old person to keep clean	5
Need to be nearer amenities (shops, transport, etc.)	5
Need to be nearer relatives/friends who can help. Isolation	4
Unable to look after themselves, need some supervision, warden	4

Thirteen of the 18 doctors who had patients they thought would benefit from rehousing actually supported applications for rehousing without success. 11 of these 18 thought this was because there was just not enough accommodation available. 2 mentioned that arrangements were being made to house the particular applicant they had supported and another said the family he had supported had refused an offer of accommodation. 1 said that the patient he supported was adequately housed in comparison with more urgent cases on the housing waiting list.

Eighteen of the 20 doctors said that some of their patients would benefit from rehousing. 1 said he could not estimate the number of dwellings the others estimated the dwellings needed as follows:—

	Single Units	Double Units
Flatlets with warden care	76	15
Other purpose-built accommodation	28	7
	104	22

If we assume the doctor who did not answer the question had a similar proportion of old people who could be assessed as having need for rehousing in L.A. dwellings, the total need assessed by G.P.s would be 109 single and 23 double units, a total of 132 units.

Asked if they had any suggestions as to ways of improving old people's housing, 6 doctors said that more units of sheltered housing, i.e., with warden-supervision or a call bell system, should be provided. 1 doctor thought more bedsitting room flats with a communal sitting room and laundry should be

provided and another suggested attaching granny houses to normal fa dwellings

In discussing improvements to the design of old people s housing 11 d tors thought better heating arrangements essential all but one advocat central heating so that old people can be warm without having the wo attached to making up a solid fuel fire 1 doctor however thought a clos all night burner type of solid fuel heater preferable to electric or centr heating which dried the air

Nine doctors made suggestions for improving old people s dwellings by th provision of such things as grab rails to baths wider doors light switches a the right height etc. One suggestion was that window sills should be low enough to enable tenants to see out while sitting down Several doctors men tioned that the accommodation should be all on one level so that there are no stairs to negotiate

Three doctors thought that old people s housing should not be segregated but there should be a mixture of age groups so that old people are integrated into the community Another 3 said old people s dwellings should be situated near shops and transport

10 2 WAITING LIST

There were at the time 152 elderly households on the waiting list and a sample of 1 in 4 was drawn The 38 addresses in the resulting sample con tained 58 people. Altogether 44 people waiting to be rehoused were inter viewed at 31 addresses (33 separate households) When interviewed 3 people were found to be ineligible to be included in the sample 1 was under 60 years of age 1 was interviewed by mistake and the third had bought her own house and moved from the sample address and no longer wanted to be rehoused She had been in her new house less than a year and unless she notified the housing department herself would probably not yet have been taken off the waiting list as a result of the 18 months review

It was not possible to contact 3 people (2 households) 2 had died and 1 the wife of one of the deceased had recently been admitted to a Residential Home It was not known how long the two had been dead but had the deaths occurred not longer than 18 months prior to the date when the sample was drawn the applicants would not yet have been taken off the list as a result of the regular review 8 people refused to be interviewed

It would seem that as a result of the regular review the waiting list is reasonably up to date

The 31 households contacted thus contained 44 people of 60 and over who wanted rehousing

Age and sex

These 44 people consisted of 11 men and 33 women in the following age groups —

Age	No of persons in waiting list sample	Age at rehousing of those in rehoused sample
Under 60	—	2
60–64	7	14
65–69	19 } 37	24 } 60
70–74	8	14
75 79	7	15
80–84	3	5
85 or over	—	2
	44	76

The age distribution of those on the waiting list is similar to that of those rehoused. In both cases about 80% are aged 65 and over, and between 20% and 30% are 75 and over.

Household size and composition

There were altogether in the sample 33 households waiting to be rehoused; 18 of these were persons who wanted to move on their own, but at the time of the interview 5 were living in with other households, such as with a sister and brother-in-law. There were 9 households comprising a married couple, both of whom were over 60 and 1 of a married couple where the husband was over 60 but the wife under 60. There was 1 household of an elderly married couple with a brother-in-law over 65 years of age. 2 households comprised 2 sisters over 60 living together (1 of which had an elderly housekeeper who was also on the housing waiting list, and as she wanted to be housed separately, she has been included in with the single persons), and 2 of an elderly person living with an unmarried daughter.

Thus the housing requirements of these households were for 18 single person dwellings, 10 dwellings for married couples on their own, 1 for a married couple with an elderly relative and 4 for 2-person households where the two people were related and of the same sex.

Length of time lived in Salisbury

Over half (24) had lived in Salisbury 40 years or more, with only 6 having lived there for less than 15 years. This means that over 80% of those on the waiting list are likely to qualify for the maximum number of residential points.

Length of time on waiting list

Although all of those interviewed were on the housing waiting list, 11 said they did not wish to move. The reasons for not wishing to move were not asked, but in looking at the original material some explanations emerge. Two of those not wishing to move were men whose wives wanted to move. In another case 2 sisters living together did not want to move although they knew they would have to, as their house was due to be demolished. One of the sisters was unwilling even to accept Council accommodation. One couple, living in accommodation tied to the husband's job, did not want to move, but were willing to accept Council accommodation after the husband's retirement. In 2 cases a change of circumstances had, at the time, affected the applicants' attitudes towards rehousing. In 1, a recently widowed woman felt she did not wish to move nor accept Council accommodation 'at the moment'. In the other it appeared that the applicant had applied for rehousing during a period of difficulty with the family which was now satisfactorily resolved. She said that she no longer wanted to move, nor would she accept Council accommodation if it was offered her. [In these 2 cases it has been assumed that the applicants would leave their names on the list in case their need ever arose again.] In 3 cases, although the applicant said they did not want to move, they were all willing to accept Council accommodation if it were offered to them.

Three of the 44 interviewed already had their moves planned The 30 who wished to move represented 23 households of which 1 said she had been on the waiting list for less than 6 months 4 for between 6 months and a year 4 for between 1 and 3 years 7 between 3 and 5 years 5 between 5 and 10 years and 2 for longer

Type of tenancy
Five of the 32 households either owned or held their tenancy on lease paying ground rent only 3 were boarders and 24 rented from private landlords

Estimate of housing need in the waiting list sample
To arrive at the number of applicants on the waiting list sample who are in need of housing the same criteria and pointing scheme was applied to them as had been used in determining housing need in the general sample

Three people were eligible (all requiring single person units) on the grounds of having no home of their own 1 had in fact been offered a Council flat and was moving a second due to a change in circumstances said she no longer wanted to move away from her married daughter and family The third had been on the waiting list for 4 to 5 years and would certainly have gained well over 25 points

Eight households were eligible on the grounds of having stairs to negotiate and having difficulty with them 1 of these had refused an offer of accommodation 3 households would also have qualified on the grounds of having too much accommodation and difficulty with the housework Altogether 5 households were living in accommodation that was too large for them (3 rooms or more than the number of people in the household) but one had already refused an offer of accommodation

Taking into account the households that qualified on 2 counts there were out of 32 households on the waiting list sample 13 who would have gained at least 25 points at the time and most over 30 points 2 of these households *had already had offers of accommodation which they had refused* 2 of the households had been on the waiting list for at least 10 years (Some of these had been made an offer) 2 for between 5 and 10 years 1 for 4 to 5 years 4 for 3 4 years 3 for less than 3 years and 1 person did not answer this question

A further 3 households although with insufficient points at present for re housing would undoubtedly qualify within a few years All 3 had been on the waiting list less than 2 years

It would appear that at least half of those on the waiting list do have a definite housing need mostly on health grounds according to the criteria of the Housing Department

III OTHER HEALTH AND WELFARE SERVICES

1 0

Apart from the grant made for sheltered housing the County Welfare Depart ment who supplied the following details on October 4th 1965 are responsible for Residential Homes and a number of other Welfare facilities Perhaps we could start by seeing how these are organised

Wiltshire County is divided into five areas, of which Salisbury is one, each of which has a Welfare Team comprising:

1. Area Welfare Officer.
2. Two or 3 Social Welfare Officers (including qualified Home Teachers for the Blind).
3. One Occupational Therapist.

1.1 MEALS-ON-WHEELS

In Salisbury this service is provided by the British Red Cross Society, and at the time this survey was carried out 30 people were receiving 2 meals a week. The charge to recipients is 1s. 6d. a meal, the meal being obtained from a local hotel.

1.2 ELDERLY FOLKS HOLIDAY SCHEMES

Holidays are arranged (either through the Area Welfare Officer or the Voluntary Clubs) for pensioners not working full-time, at the cost (then) of £5 5s. per week, plus cost of transport. The County can subsidise any person who cannot raise the money for a holiday.

IV RESIDENTIAL HOMES

1.0

The County Council provides residential accommodation for those who by reason of age or infirmity or any other circumstances are in need of care and attention not otherwise available to them. 'Care and attention' is not intended to imply constant nursing care or medical supervision. The Welfare Officer quotes the Ministry of Health interpretation of division of responsibility between Welfare and Hospital Authorities as follows:—

Welfare Authorities

Apart from the active elderly person who is in need of residential care and who is clearly the responsibility of the Welfare Authority, the latter's responsibility also extends to the following:—

(i) Care of the otherwise active resident in a Welfare Home during minor illnesses which may well involve a short period in bed.

(ii) Care of the infirm (including the senile) who may need help in dressing, toilet, etc., and may need to live on the ground floor because they cannot manage stairs, and may spend part of the day in bed (or longer periods in bad weather).

(iii) Care of those elderly persons in a Welfare Home who have to take to bed and are not expected to live more than a few weeks (or exceptionally months) and who would, if in their own homes, stay there because they cannot benefit from treatment or nursing care beyond what can be given at home, and whose removal to hospital away from their familiar surroundings and attendants would be felt to be inhumane.

All these are persons for whom any necessary nursing care would be given by relatives, etc., with the help or advice of the home nurse if they were living in their own home. In Welfare Homes that care should be given by attendants, assisted or advised by the visiting home nurse in the small Welfare Home, or by a small staff with nursing qualifications or experience in the larger Homes.

It is not regarded as the responsibility of the Welfare Authority to give prolonged nursing care to the bedfast (except those in (iii) above) nor as desirable that separate infirmary wards should be created in large Homes in which patients from other Homes are concentrated

Hospital Authorities

Apart from the acute sick and others needing active treatment who are clearly the responsibility of the Hospital Authority the latter's responsibility also extends to the following

(i) Care of the chronic bedfast who may need little or no medical treatment but do require prolonged nursing care over months or years

(ii) Convalescent care of the elderly sick who have completed active treatment but are not yet ready for discharge to their own home or to a Welfare Home

(iii) Care of the senile confused or disturbed patient who is owing to his mental condition unfit to live a normal community life in a Welfare Home

It is not regarded as the responsibility of the Hospital Authority to give all medical or nursing care needed by an old person however minor the illness or however short the stay in bed nor to admit all those who need nursing care because they are entering the last stage of their lives

Wiltshire has 13 Old People's Homes catering for a total of 676 people and supports 102 persons in Voluntary and Special Homes Of these 778 persons 94% are aged 60 and over 7% being over 90 years and 40% between 80 and 90 years

The Home to which most Salisbury people go is Meynick Close an old institution which has a total of 187 places 69 being occupied by men and 118 by women Of these places at the time of interview 74 were occupied by persons aged 60 and over who were previously Salisbury residents There were also 6 Salisbury residents in Paccombe House Downton and 1 in Coombe End House Marlborough

2 0 THOSE IN RESIDENTIAL HOMES

2 1 THE SAMPLE

The names of all persons in Part III said to be Salisbury residents were recorded together with the date on which they entered a Home and their present age We then deleted the names of 2 men who were under 60 years old one being a 51 year old man a Yugoslavian immigrant admitted 4 years previously having had 2 attacks of coronary thrombosis who was unfit for work and had no home to go to and no known relatives the other aged 59 being admitted from hospital about 9 months previously with a T B hip We also deleted from our list a woman now aged 87 who had been admitted to the old Salisbury Workhouse 40 years previously as destitute and who because of physical shortcomings was socially and psychologically handicapped and had remained there ever since

This left us with the names of 81 persons 12 men and 69 women

The object of interviewing residents was to get from them some information about their abilities immediately before coming into the Home It was felt that if we interviewed persons who had been in for a long time their memories might not be so reliable Also the criteria for admission might have changed

We therefore restricted our sample to those people who had been admitted to residential care since the beginning of 1960. The sample consisted of 65 persons in 3 Homes, 62 in Meyrick Close, Salisbury (an old Home catering for a total of 187 elderly persons), 2 at Paccombe House, Downton (catering for 17 females), and 1 in Coombe End House, Marlborough (catering for 10 men and 20 women).

Two of those on our list were found to be ineligible, as they were not Salisbury residents. Of the others, one had been transferred to a Home in Bristol at his own request, and 1 housebound lady of 89 started to give an interview, but although willing to talk about her illnesses, did not want to 'answer questions'.

The Matron told us that one lady of 77 was too ill to be interviewed, and was waiting to go into hospital. 5 others were seen, 4 of whom the interviewers reported as being incoherent or rambling, the other 1 being unable to speak as a result of a stroke.

Thus 55 out of the 63 eligible residents (87%) were interviewed. Most of those interviewed had lived in Salisbury for 40 years or more. Only 12% had lived in the city for less than 5 years.

2.2 AGE, SEX AND MARITAL STATUS

Table 30 compares the number of Salisbury men and women aged 60 and over who are in residential care with the number in the sample and those interviewed.

TABLE 30

Comparison of sex distribution of sample achieved compared with sample drawn and all Salisbury residents aged 60 and over

Sample	Male	Female		No. on which % based
	No.	No.	%	
All residents	12	67	85	79
Sample drawn	8	55	87	63
Sample interviewed	6	49	89	55

The proportion of women in the sample interviewed is slightly higher than that for all residents.

TABLE 31

Age at admission to Home of former Salisbury residents now aged 60 or over

Age at admission	Men	Women	Both sexes
Under 60	3	1	4
60–64	1	2	3
65–69	2	2	4
70–74	2	5	7
75–79	—	18	18
80–84	2	18	20
85–89	2	13	15
90 or over	—	7	7
All ages	12	66	78(1)

(1) Excludes one woman whose age at admission was not obtained.

It will be seen that 3 of the 12 men were under 60 when admitted and 6 were under 70, whereas only 5 of the 66 women were under 70 when admitted

The 3 men under 60 at admission were admitted prior to 1960 and were therefore excluded from our sample It will be remembered that 2 men were deleted from our original list as being under 60 at the time of drawing the sample, and another man now aged 60 (who was aged 57 at time of admission) was not interviewed as he had been transferred at his own request to a Home in Bristol This argues that a fair proportion of places in this particular Home (the old workhouse) is used for younger men with severe disabilities

Age at time of interview

The ages of the people interviewed ranged from a woman of 61 to another of 93 19 of the 55 residents interviewed were 85 years or older, 57% being at least 80 years old Some 10% were under 70 years old The numbers are shown in table 32

TABLE 32

Age of sample interviewed

Age group	No of people
69-64	1
65-69	3
70-74	3
75-79	17
80-84	12
85 and over	19
All ages	55

Marital status

Only 2 of the residents had been married when they became residents One lady had been living with her husband, daughter and son in law, and grandchildren in a 5 roomed house She was partially paralysed by a stroke many years before, and when her daughter was expecting her third baby it was arranged that her mother go into a Home The other lady lived with her husband and single daughter and was taken to hospital with a broken thigh When she was ready for discharge there was no one to look after her at home, as her husband was ill, and her daughter was working full time, so she came into a Home Her husband has since died 35 of the residents were widowed, divorced or separated, and 18 (30%) were single people

3 0 ATTITUDE OF RESIDENTS TOWARDS THE HOME THEY ARE IN

3 1 WILLINGNESS TO BECOME RESIDENT

Thirty seven of the 55 persons interviewed said they wanted to go into a Home. This proportion was the same for men as for women.

The main reason given for wanting to go into a Home was that the resident thought she needed care and attention (19 of the 37 answering) The next most frequent reason was the fear of becoming a burden on children or relatives (9), followed by housing difficulties (4), and financial difficulties [illegible] Two wanted company, and 1 had trouble with relatives with whom she was living

Of the 18 who had not wanted to go into a Home, 8 reported trouble with

children or relatives, 7 said it was because others considered they needed care and attention, 2 had housing difficulties and 1 said she was transferred from hospital and had not been told why she couldn't return home.

3.2 WHO SUGGESTED BECOMING A RESIDENT?

While 37 residents said they wanted to go into a Home, only 11 said it was their own idea. The first suggestion usually came from their own doctor (15 cases) or from the hospital (10 cases). Relatives with whom the elderly person was staying prompted the matter in 7 cases, and in 4 cases it was relatives outside the household. In only 2 cases was the Welfare Officer said to be the person who first suggested becoming a resident, the rest being neighbours, friends, etc.

3.3 LENGTH OF TIME ON WAITING LIST

Half of the residents were admitted to a Home without any wait, a further 10 (18%) waited less than 1 month, and 11 (20%) were given a place within 6 months. One woman of 72 said she had to wait over a year; the rest did not remember.

3.4 PRE-KNOWLEDGE OF WHAT TO EXPECT

Seven of the women (all 75 or over) said they were told when they first entered the Home that it was for a trial period; the rest regarded it as a permanent arrangement.

Only 2 women had gone to see the Home before becoming residents, this being at the suggestion of friends or relatives, but 3 women and 1 man said they knew what the Home was like.

Seven of the 43 women who had *not* seen the Home said they were told what to expect, 6 saying it was general reassurance, and the other 'what kind of little jobs I should have to do if I was able to'. 3 of these ladies said the talk had helped them to settle down more easily. None of the men had been told what to expect.

3.5 WHETHER RESIDENTS LIKE THE HOME THEY ARE IN

Over 50% of the residents said they like being in their Home, while a further 24% said they like it, with qualifications. Qualifications most mentioned were the food and lack of privacy. Other qualifications include one man who found himself a Tory among Socialists, and a woman who was Chapel when the rest were Church. Both these individualists agreed, however, that there were some quite nice fellow-residents. 16% said they had no choice—they had to like it, but made no specific complaints. Of the 5 women who disliked the Home, 2 complained about the attitude of the staff, and one about the food. One thought the Home too big, and wanted to be in a smaller Home, and another wanted 'freedom'. It should be noted that of the 6 men interviewed, 5 said they liked the Home, and one qualified his liking. All the complaints came from women. Most of those saying they had no alternative, and had to put up with it, were women aged 75-79, while 4 of the five 'dislikes' were women aged 85 or over.

3.6 DISTANCE AWAY

Nearly 40% of residents were in a Home up to 15 minutes away from where they had lived before. A further 50% had lived between 15 minutes and half-

an hour away In 3 cases old neighbours would have to travel between half and three quarters of an hour each way if they wanted to visit the resident and one man had been moved to a Home over 1 hour s travelling time away He was however, quite satisfied with this aspect

Only 3 women said they would prefer to be in a Home nearer their old home one of these being in a Home between 15 20 minutes away who wanted to be nearer friends and relatives

4 0 LIVING CONDITIONS BEFORE ENTERING RESIDENTIAL HOMES

4 1 PREVIOUS ACCOMMODATION

Over three-quarters of the residents had occupied a whole house before they became residents including a small proportion who had a bungalow Some 18% had lived in rooms or a hotel (compared with 5% of those of retirement age in the general population) None had lived in purpose built Local Authority accommodation for old people and only 3 (about 5%) were Local Authority tenants (compared with 16% of the general old peoples sample) Almost 1 in 3 residents had not held a tenancy or sub tenancy but had been boarders

4 2 ROOMS PER PERSON

Nearly 40% of residents had had the sole use of 1 room 10% had 2 rooms Nearly one third of the elderly people now residents lived in big houses having the sole use of 5 6 or 7 rooms

4 3 AMENITIES

Two people now resident had neither a main gas nor electricity supply 5 had no kitchen but all had some cooking facilities A further 6 shared a kitchen 20 (over one third) had no bath and an outside w c and one had no piped water supply or a w c

4 4 WITH WHOM RESIDENTS LIVED AT HOME

Three of the 55 residents had been in other Homes before entering their present Home one of whom had been transferred after a short spell in hospital the other 2 being straight transfers These 2 together with 39 of the other residents had gone into a County Home from ordinary domiciliary residences although in 1 case this residence had been in a boarding house

The other 13 residents had been transferred from hospital to a Home *although all had lived privately before that*

Admissions from hospital

Twelve of the 13 were women of whom 5 had lived alone, and 1 in a boarding house Since they had no one to look after them when they came out they entered a Home All these women were in their 70s or 80s when they entered the Home

One woman in her mid 80s was taken to hospital as a short stay patient on the death of her husband being blind and housebound and unable to look after herself She was having been in 2 hospitals transferred into residential care

Another lady had been shocked by her husband dying suddenly and was taken into hospital for 2 months She was 71 years old had been doing all

her own housekeeping and cooking without difficulty, but could not face going back to her old home with all its memories of her husband and his death. She wanted another house in Salisbury where she could be near her son, but could not find one. She was transferred to a Home, and now, having been a resident for 5 years, although she is still active, thinks it best to stay.

The other 4 women had been living with others before being taken into hospital. One single woman, who was deaf and had speech difficulty had been living with her brother-in-law, nephew and niece, and the nephew and niece refused to have her back after her being in hospital for a year. Another, who was diabetic and had arthritis, lived with a housekeeper, had a stroke and was taken to hospital, and afterwards went into a Home as needing more care than the housekeeper could have given her. Another lived with husband and working daughter, and was admitted to hospital with a fractured thigh. While there, her husband had become ill, and her daughter could not look after both of them. The husband had since died. The fourth lived with her niece and the niece's children, who were growing up and needed her room. The niece also worked. She entered for an operation for cataracts and went into a Home from hospital.

The only man admitted from hospital was a widower, who had been living in a big house (7 rooms, kitchen, bathroom and indoor w.c.) with his unmarried sons. He was working full-time, and did the housekeeping, cooking, etc., without difficulty, going into hospital with bronchitis. When he was ready for discharge 4 years ago at the age of 62, he says there was no one to look after him and so he was transferred to a Home. He is still active, can get about without difficulty except for climbing stairs. He likes the Home, and wants to stay.

Admissions from own home

Forty-two residents had been admitted to a Home from their own homes. 18 of them had been living on their own.

(a) **Living on own**

Seventeen of the 18 who had been living on their own before admission were women, their ages at admission ranging from 71 to 90. 6 of the 17 women were aged 80 or over at time of admission. The man was aged 75.

(b) **Living with married children**

Seven women and 2 men had been living with married children, and in 6 cases there were grandchildren in the household.

There seem to be 3 factors affecting need for admission. Firstly, the family growing up means there is insufficient room for the elderly person. There was 1case of this, where a woman of 85 lived with daughter, son-in-law, a grandson aged 13 and 2 granddaughters in a 4-roomed house. She felt that her grandson needed a room of his own.

Secondly, the daughter's own commitments make it a strain to look after the elderly person, because of either her own health position or deterioration in the elderly person's health. For example, 1 woman living with her daughter and son-in-law, where the daughter was working, became ill, and could not be looked after. Another daughter was expecting her third baby, and also looked after her own husband and children, as well as her father and mother. The mother was partly paralysed by a stroke over 15 years ago, and felt that

she was imposing too greatly on her daughter The mother went into a Home, while the father continued to live at home Another housebound lady in her 80s had lived with her daughter and grandchildren for 2 years, but the daughter was not well, and the mother, whose brother was already in a Home decided to join him One woman in her 80s lived with her son and daughter-in law who also took care of their daughter's two children while she worked

A third factor is incompatibility Both the men declared that their children did not want them any more 1 said he had sold his house and divided the money among his daughters and now none of them would take him in, the other had lived with his son and daughter in law, and said the son had always blamed him because his mother had left them when he was younger, and both the son and his wife wanted him out of the way The third case, a woman, claimed, on the other hand, that while any of her 4 sons would give her a home, she could not stand the noise of their children

The last of the 9 cases probably falls into this last category An elderly woman lived with her son and daughter in law, the latter becoming ill and necessitating their moving away They asked the mother to go into a Home while the move was taking place and they settled in, promising it would only be for 3 months But they had not kept their promise

(c) **Living with elderly relatives**

Seven women and 1 man had been living with elderly relatives, in 7 cases these relatives were siblings, and in one it was a cousin and her husband In all but 1 of these cases the informant felt that the relative could no longer cope with them, or they were a burden The exception was a housebound single woman of 78, who had been crippled from birth and always walked with sticks, and who said her brother-in-law was the villain of the piece, as he did not want her there any more

(d) **Living with relatives under 65 years of age**

Three women had been living with nieces, and 1 man of 69 with a younger sister The sister became ill, and the doctor advised him to go into a Home permanently He had previously been a short-stay patient when his sister was in hospital 1 woman had found it getting unpleasant at her nieces, and asked the Welfare Officer for a place The other two blamed lack of space, or said they were becoming too much for their nieces

(e) **Living with others**

Three women had been living with non relatives 2 had lived with friends 1 was blind, and her friend found it too difficult to cope The other's friend had come out of hospital, and our informant says she could not look after her The third woman was aged 57 when admitted She had lived in a transport cafe where she worked, and had been advised by a lady police officer to go into a Home for a rest when she had ulcerated legs and nowhere to go She has now been there for 4 years

5 0 ABILITY TO LOOK AFTER THEMSELVES

Five of the 6 men and 34 of the women (70%) said they were able to get out and about before they became residents, although one of the ladies was blind

1 man and 14 women had been housebound. None was bedfast. However, 11 of those who were able to get out did so with some difficulty.

The number of residents who, prior to admission, had some difficulty with locomotion or self-care is shown below:

	No.	%
Difficulty in going out of doors	26	47
Difficulty up and down stairs	21	38
Difficulty getting about the house	9	16
Difficulty getting in and out of bed	4	7
Difficulty dressing	3	5
Difficulty washing	3	5
Difficulty bathing	22	40
No difficulty with any of above items	23	42

As regards housekeeping, just over half the residents had done their own cooking and shopping without difficulty, and 4% did these duties themselves, but with some difficulty. Nearly one-third were cooked for, and just over a fifth had most of their shopping done, by someone else in the household.

Housework presented the most difficulty, just over one-third did most of it themselves without difficulty, and 7% had difficulty, but had to do it themselves.

5.1 HEALTH AND WELFARE PROVISIONS

None of the men had had a home help prior to their becoming residents, but a high proportion of women (mostly those aged 75 or over) had had a home help (15 women—27% of all residents).

Three women, all aged 80 or over, had been having meals-on-wheels, 10 residents (2 men and 8 women, all aged 75 or over) had been visited by the District Nurse, and 6 (1 man and 5 women aged 75 or over) had been seeing the Health Visitor.

Eight residents (1 man and 7 women) had been using the chiropody service, and this was the 1 service being used by residents of all age groups.

Fifteen residents (all women) had been seeing the doctor regularly, 12 of them at least once a month, including 6 who saw him at least once a week.

5.2 ABILITY IN GETTING ABOUT

If we look at the mobility of the 42 residents who lived at home immediately before entering a Home, we find that just over half had difficulty in getting about (22 of them) including 12 who were housebound, and 1 who was blind. A higher proportion of those who had been living with married children were

TABLE 33

Mobility of residents immediately before coming into a Home

Living with	Housebound	Difficulty going out	No Difficulty	Total
On own	6	3	9	18
Married children	3	3	3	9
Elderly relatives	2	2	4	8
Other relatives	1	1	2	4
Non-relatives	—	1	2	3
All residents from home	12	10	20	42

housebound or not able to get about easily, than other groups, as will be seen from table 33

Of those who had no difficulty and lived with married children, 2 were men aged 83 and 85, the other was the lady of 77 who did not like the noise of the children

Two of those with no difficulty who lived with elderly relatives were aged 86 and 88, and of the 2 who lived with non relatives one was the 57 year old woman who lived in a café, the other being 89 years old

Of the 9 living on their own who said they got about all right one woman was 90, and another 88 One was 84, and her daughter persuaded her to go into a Home for a month, then disposed of all the furniture 3 of these residents, 1 man and 2 women had lived in rooms, the man having one room with no kitchen Another woman had been living in an old house, with her brother and sister, both of whom had recently died which had gas lighting an outdoor w c and no bath

6 0 NEED FOR RESIDENTIAL PLACES

There are two points to consider The first is are the present residents best served by living in a Home, or should they be living in a domestic household, the second is are there any elderly people who are living in such circumstances that they would be better off in residential accommodation

Let us first consider those now in Residential Homes Since need of places is to be measured against the Authority's criteria there would seem to be no reason to question whether all those people in Residential Homes ought to have been there in the first place From looking at the schedules it would seem that most of those going into the Home needed more care and attention than they could have got at home It would appear however, that lack of adequate housing is one factor that is taken into consideration and we did examine the cases to see whether some of those becoming residents did so only because satisfactory accommodation could not be found

Looking through the cases where the immediate reason for people becoming residents might lead one to suggest that making appropriate housing available, or giving supportive services might have enabled them to live in their own homes it became apparent that residential care was the best solution

In most cases where a person had lived with others and been catered for by others in the household and for some reason wanted or had to give up this accommodation, they were already in their 80s and it would have seemed unreasonable to expect them to cope with their own household responsibilities even with supportive services There were 4 other cases where there may be some doubt

1 A widow of 75 had been living in a succession of furnished rooms She says she had no difficulty looking after herself or getting about and was also working Her doctor felt she was not really fit to work, and since her accommodation was unsettled, suggested she went into a Home It might have seemed, however, that this lady had 'earned' her rest and freedom from financial worries, especially as she herself thought that going into a Home was a good idea and likes it now she is there

2 Lady, aged 74, who had lived with her brother and sister in an old house, without electricity bath, or indoor w c When her siblings died, she was

faced with eviction, and 'they' said she couldn't stay on her own. She appeared to have been reasonably active, and had no welfare services.

3. A woman of 71 who was taken into hospital suffering from 'shock and nerves' when her husband dropped dead at her feet. She was in hospital for 2 months, and when ready for discharge could not face going back to her old house. She wanted another house in the City where she could be near her son, but was told there were no houses available.
4. A widower of 62 who had been working full time, living with his son in a large rented house. He had been mainly responsible for the household duties, with no outside help. He was taken to hospital with bronchitis, and when ready to return home the Medical Social Worker suggested that as there was no one to look after him he ought to go into a Home. At first he had not wanted to go, as he had always known it as the Workhouse, but when he got there he liked it. He has been there 4 years, and is 'very happy'.

However, whatever the need was when the present residents went into a Home, it is clear that at this stage there would be no real possibility of their giving up their places, and setting up home again for themselves.

Fifteen of the residents had been housebound before entering a Home. 3 of these say they can now go out, but half of those who could get out all right before, were now housebound. More of them are finding it more difficult to get about easily.

Perhaps the best measure, now that they *are* residents, is to consider only those who do not want to remain in the Home, to see whether they ought to be living in their own homes.

6.1 WHETHER RESIDENTS WANT TO STAY IN A HOME

None of the men now wanted to have a home of their own; neither did 44 of the 49 women residents. 5 of the women (3 of whom were 85 or over) would like a home of their own:

(a) Single lady of 77, who had been in residence for 3 years. She had previously lived in a 4-roomed rented house, gas-lit, with an outside w.c., and no bathroom. She gets about all right, has no difficulty with stairs or personal toilet, except bathing (presumably because she has never been used to a bath). When she lived at home she had no health or welfare services such as home help, meals-on-wheels, etc., and did not see her doctor regularly. She says she did all her own cooking, shopping and housework without much difficulty. She did not want to go into a Home, but when her brother and sister died (with whom she lived), 'they' told her she could not stay on her own, and she had to go to a Home. [The interviewer noted that it was impossible to establish who 'they' were—but it sounded as if she were faced with eviction after her brother and sister died.] She said earlier that the Home was 'not so bad—I make the best of it. I missed having a bedroom to myself at first, but I've got used to it and they're quiet people'. However, asked later if she preferred to stay (see Qu. 37 for wording) she thought it would be rather nice to have a bed-sitting room in town. While she thought she could manage the domestic work with a home help, she would need financial help (she has only her retirement pension) and help with the furnishing.

(b) Widow of 78 who had been in the Home for 8 months She is able to get around and look after herself and she says she had a cold and that her son and daughter in law (she did not live with them but had a 6 roomed rented house with no bathroom and an outside w c) did not want the trouble of looking after her so got her into a Home She is under the impression that her son is still paying the rent of the house from a pension she got from the place she worked at for 36 years pre viously She wants to return home and says she is now stronger and able to look after herself without help [The interviewer notes that she appears physically able but not very reliable as far as memory is concerned She *could not remember when she came to the Home or how often she saw* the doctor although the age she gave checked with the records]

(c) Widow of 85 who has been in the Home for just over a year She was housebound when at home (and still is) suffering from rheumatism and arthritis She had lived on her own in an almshouse (a bed sitter kitchen) where there was no matron or warden She had had a home help and meals on wheels and the doctor visited her once a month She was taken to hospital and after 3 months was transferred to the Home She says she did not want to go Although she lived alone she had a sister living near who helped her This Home is over half an hour s journey from her old home and she says she is not happy here She says she has travelled a lot and cannot settle and complains about the food the restrictions and lack of privacy She says she would need a home help meals on wheels and help with refurnishing if she got a home of her own and that she would need her sister to help her

(d) Widow of 86 who has been in a Home a year She had a Council flat (4 rooms) with kitchen bathroom and indoor w c and was quite active and able to do her own cooking shopping and housework with the aid of a home help Her daughter and son in law returned from Canada and wanted to live with her but the Council objected She was then taken ill and was persuaded by the daughter and niece to enter the Home for a month While there she says her daughter sold up her home She does not like the Home and says that while the Matron is very kind the younger staff are inconsiderate and the food is poor and badly served She dislikes having so many people around and says she has never got over the shock of finding herself permanently resident when she thought it was to be temporary She says she can manage with the aid of a home help and meals on wheels might help She has a small police pension in addition to the retirement pension but would need help furnishing a new home

(e) Single lady of 90 who had been in the Home 2 years She had lived alone immediately before she became a resident as her friend with whom she had been living had had to go into hospital with a stroke She had managed her housekeeping herself but then was taken to hospital She was discharged home and given a home help but after a week was told she should not be on her own at night and she agreed 'before she had time to consider her position She has a private income and recently had a reasonably large legacy She would like to find rooms with attendance but as she is now 90 unsteady on her legs and inclined to fall

and suffering from arthritis, it is doubtful whether this could provide the care she needs.

If we accept that it would not be in their best interests to rehouse women now over 85 years old who have had the benefit of being looked after for over a year, so that they may be more confident of their abilities than is warranted, then we are left with only 2 cases, (a) and (b).

In case (a), this lady may well have been able to manage had she been rehoused 3 years ago before she came in. The interviewer notes that she says she has got used to the Home, and obviously had not been thinking of being on her own again until we asked her if she wanted to stay. There is the possibility that she would reconsider if it were actually arranged for a move to take place.

In case (b), in view of the interviewers comments on the lady's memory, it is doubtful whether taking her from the Home would be in her best interest.

It would appear, therefore, that although, if there had been a shortage of places, 1 or 2 residents would have been encouraged to live on their own, these places could not now be given up.

6.2 NEED FOR RESIDENTIAL PLACES IN THE GENERAL POPULATION

Let us then see if we can indicate the groups at risk as far as Residential Homes are concerned. Firstly, while 29% of those of retirement age in Salisbury are men, only 10% of residents admitted at or after retirement age are men. We have seen that there is a fair number of men of preretirement age admitted, so that it would appear that this disproportionate number of places held by women is not because men have difficulty in obtaining places in a Home. It would appear that women make a greater demand on residential places. Secondly, let us compare the proportions of old people in different age groups who were admitted with those of the general population. Those admitted before retirement age have been omitted, to make the comparison.

TABLE 34

Ages of residents (at admission) compared with the general population of elderly people

Age group	Residents at admission			All people of retirement age		
	Men	Women	Both	Men	Women	Both
	No.	%	%	%	%	%
60–64	—	3	4	—	25	18
65–69	(2)	3	5	44	24	30
70–74	(2)	7	10	24	17	19
75–79	—	28	24	17	18	18
80–84	(2)	28	27	12	12	12
85 and over	(2)	31	30	3	4	3

It is clear that both men and women are at great risk at 80 or over, and at risk at 75-79.

We know, too, that only a very small number of married couples or partners are residents.

Among the general elderly population of this city, 30% of those 65 and over are women aged 75 and over. Among the residents, 72% are women in this age range. Since there would appear to be no shortage of places for men, it

would appear that women aged 75 and over are likely to make the biggest demand for places in Residential Homes If we could, therefore, see whether there are any women in this age range who need residential places at the moment, we could assume this would be some 70% of the extra demand for residential places

Compared with non residents of retirement age, more of the residents have *difficulty getting about and looking after themselves* There are also more of them having health and welfare aid, i e, District Nurse, Health Visitor, home helps, etc. It might be of some interest to note, however, that very similar proportions of these more elderly women are satisfied with the way they are living as are the younger women, although a slightly higher proportion of older women have thought about going into a Home than the younger ones

We will, then, examine this group

Ten women aged 75 and over were living on their own, and were house bound, and another 2 were housebound temporarily Their living conditions are listed below

1 3 Three ladies, aged 77, 82, and 87 living rent free in an almshouse They each have 1 room, with cooking facilities, sharing w c and bathroom There is central heating and an electric heater in each of the rooms (they *pay 10s a week for heating, lighting and 'maintenance')* *All 3* suffer from arthritis The lady of 82 has a home help, who does most of the housework, but cooks and shops herself from tradesmen who call with some help with shopping from the Matron When her husband died she thought about going into a Residential Home, but has now lived in the almshouse for 8 years and is fully satisfied

The lady of 77 is crippled with arthritis, and does most of her own cooking and housework, although a friend does the shopping when the tradesmen do not call She would like a home help but says she could not afford too much

The 87 year-old does most of her own cooking and housework and shops from tradesmen who call The Matron buys her meat for her, and a friend does the rest of the shopping She does not want a home help *as it might upset her friend She says she is happy at the almshouse* which has a nice Matron

4 A woman, 87 years old, living rent free in an almshouse which has 2 rooms, kitchen and bathroom, and central heating She is housebound as a result of a fall 2 years previously when she hurt her leg so badly that she has not been out since, but says that she has no difficulty in getting about the house on her own She gets a great deal of help from the Matron in charge of the almshouses who does her shopping, cooks a meal 4 days a week, and does most of the housework with a little help from the informant She gets meals on wheels for 1 day, and on the other 2 her meal is prepared by a neighbour She is very happy with her present situation

5 *Woman of 86, housebound because 'cannot stand noise of traffic now, and* my sight is not too good', but has no difficulty in getting about the house Does her own cooking without difficulty, a neighbour does her shopping and she does her own housework although she has difficulty with heavy jobs Would refuse a home help on the grounds that she does not want

any 'nosey parkers' in the house. She is the owner-occupier of a 6-roomed house which has all facilities, but has shut up some of the rooms she does not use.

6. Woman, aged 77, owner-occupier of a 5-room house. Is housebound at present as result of a stroke, but expects to be going out soon. Has a home help for 2 hours, 3 times a week, and says that when she is well she has no difficulty with cooking or shopping. Also says that normally has no difficulty with going out of doors, or getting about the house. Satisfied with her life and wants to stay where she is.
7. A woman, 82 years old, living in an almshouse which has a kitchen but an outside tap and toilet shared with tenants in neighbouring almshouses, which are now condemned. She would like to move to a Council old persons' dwelling, has not thought seriously of becoming a resident in a Home, but says that she would like a holiday in a Convalescent Home. She goes out sometimes but suffers from recurring bronchitis and black-outs, and has difficulty getting about. Her home help comes for one hour Monday-Friday, but she would like more help with making the fire and cooking. Her daughters-in-law give her help with shopping and meals.
8. Woman of 83 living in a 5-roomed rented house with outside lavatory. She has severe rheumatism which makes getting about difficult—in particular she suffers from the pain in her hands. She has a home help for 3 hours, twice a week, and would like her for longer. Surprisingly she says she has no difficulty in getting meals, and a neighbour does her shopping. She says that she misses her husband and sometimes longs for a bit of company, but would not like to go into a Home—she likes having a home of her own and thinks that since 'she has difficulty getting about, she may as well stay where she is'.
9. Woman of 83 with arthritis—has difficulty with all physical activity. The housework is done by the home help who comes Monday-Friday for 2 hours a day and a relative does most of her cooking and shopping. Lives in a 6-roomed rented house with an outside toilet. Has never considered going into an Old People's Home, because she has her daughter near.
10. Woman, 78 years old, suffers from bronchial asthma and has been housebound for 5 years. Was rehoused into a 1-bedroom flat 4 years ago. Has a home help (D.K. how long for) who does housework, shopping and some of her cooking. Sleeps in her living room because the bedroom is too cold. Says she has no difficulty getting about the house, but does have trouble with washing and dressing.
11. Woman of 84, severely handicapped with 2 broken legs and can only get about using a tripod support. Her home help does most of the shopping and housework but she has to do her own cooking which causes her difficulty—in fact she has difficulty with all physical activity including washing and dressing. She lives in a 4-roomed Council bungalow.
12. Woman, aged 90—suffers from arthritis in legs and heart trouble. Rents 2 rooms, has cooking facilities but no kitchen, and shares w.c. Has a home help 6 days a week for 2 hours a day in the early morning. For the last year the District Nurse has been visiting and gives her a blanket wash. The Health Visitor calls occasionally, and the doctor comes in

every 2 or 3 weeks She gets a State pension and National Assistance She sleeps in her living room as she finds the strain of going backwards and forwards too much and has an oil heater The home help does all the household duties and prepares as much as she can for the respondent to do when she is not there—e g fills oil stove for Sunday so that the informant only has to light it leaves a flask of tea and fills the kettle and leaves it on the stove ready for a cup of tea etc The informant says however that she seldom makes tea she drinks Lucozade instead A neighbour generally brings her in a cooked dinner (she doesn t like the meals on wheels) she finds it difficult to manage to get herself ready for bed and would like to be able to get hot drinks

Cases 1 6 would appear to be able to manage in their own homes for the time being and case 7 needs rehousing which since the property is already condemned will happen sooner or later Similarly case 8 may well benefit from rehousing (she has been included in this estimate) but her reference to longing for company might suggest a residential place Case 9 again might benefit from rehousing but has stated very firmly that she does not want to move and would not take a Council flat if it were offered to her Case 10 has already been rehoused and would appear to need more help with washing and dressing which she might get in a Home Cases 11 and 12 are clear candidates for residential places

An examination of the schedules of ladies in this age group who are not housebound or are living with others shows that they can either manage to look after themselves or have satisfactory arrangements for being looked after

There are therefore 3 elderly ladies in our sample who would qualify for residential places As we are assuming that this represents 70% of the total need there may be one more person in need in the sample

We also examined the schedules of the 14 persons in the sample who said they had at some time considered entering a Home One of these was the woman of 90 already discussed She said that her doctor wanted her to go into a Home but that it would kill her to think of leaving her present home She did however need a great deal of care and attention

Of the other 13 only 7 still thought they might need a place Six had no need of a place now as their conditions such as housing health or available help had improved and they were managing quite adequately Of those who were still considering entering a Home 2 had made arrangements to enter Private Homes when it became necessary three were thinking of a possible future need but at present were managing well and one woman of 62 living alone was suffering from a serious heart condition which meant that she could no longer manage the heavy jobs but she expected to be rehoused into a bungalow in the near future because her house was due to be demolished The last case was a woman of 78 living in the same house as her daughter and family Her daughter helped her with the shopping and housework and she was happy although a little worried that she was occupying rooms needed by the family She did not need a residential place

Thus we found 4 persons in the sample who need the care available in a Residential Home which would represent 50 persons in the whole of Salisbury

6 3 WAITING LIST FOR RESIDENTIAL HOMES

Due to a misunderstanding we were under the impression that at the time of

the enquiry there was no waiting list of old people living in Salisbury requiring Part III accommodation.

At a later date we were told that in September 1965 there had been 15 persons on the waiting list, although some of these were from rural areas outside Salisbury and were therefore not eligible for the enquiry. As the County could not give us from their records any information about these applicants, if they had been placed, or made some other arrangements, or died, we decided to interview those on the waiting list in 1967.

We were told that the list consisted of 18 persons, again including some persons outside the town, but when the County Welfare Department checked this list, they reduced it to only 5 names. Of these, 1 man was in hospital so no attempt was made to interview him, and one had been taken into a Residential Home, though not to Meyrick Close for which she had applied. The other three women were interviewed:—

One was a widow aged 77 living alone in a privately rented 4-roomed house with an outside lavatory. She had difficulty in going out, with stairs, and with getting about the house, and had a home help for one hour each day Monday to Friday. She was managing reasonably well except that she did not get a proper cooked meal every day, saying she didn't want one. Her doctor had suggested she would be better looked after in a Home, and she wanted the company, complaining that while in the summer she could look out of the door and see people, she got lonely in the winter.

One widow of 72 was living with her son, daughter-in-law and grandchild. She wanted to move, saying that although she got on pretty well with the daughter-in-law, she felt that they would prefer to be on their own and she found the little girl rather too high-spirited at times. She was thinking herself in terms of an old person's bungalow but her daughter-in-law said that she was not fit to be on her own, that her memory was failing, and that she had agreed to go to Meyrick Close.

The last person did not seem to need a residential place. She was a woman in her early sixties living in an old person's flat with a warden. She had no difficulties, being able to cook and do her housework, the warden doing her shopping for her. She was content, didn't want to move and said that she knew of no application being made for an Old People's Home. However, she had only comparatively recently been rehoused and as she had been living in rather poor conditions before that, the possibility of placing her in a Home may have been considered at the time.

Thus of the list of 18 names existing in September 1967, only 4 were people resident in Salisbury who needed a place. If we assume that the same situation existed in 1965 when there were 15 applicants, this does not alter to any great extent our estimate of the need for residential places.

It should be emphasised, however, that in assessing the need for Part III accommodation, we have excluded all those people who cannot continue to live in their present accommodation, but could manage on their own if adequate housing could be provided. We saw in section II of the report that there are many people who would qualify for purpose-built dwellings and if this accommodation is not available, it may well be that they will have to be given places in a Residential Home.

OAKHAM U.D. and R.D.
RUTLAND

CONTENTS

I HOME HELP SERVICE

1 0

The Medical Officer of Health for Rutland is responsible for the Home Help Service for the whole county, and the Home Help Organiser provided the requested information on this service in Oakham Urban and Rural areas At the time of the discussion, November 10th she had only been in the position for 3 months Prior to her appointment, the service had been run by the W R V S, and the Home Help Organiser outlined some of the changes that are now being made in the organisation

In November 1965 there were 37 home helps (all women) in the county as a whole, between 8 and 10 working in Oakham Urban and Rural areas About 80% of the home helps' time was allocated to elderly people, and in the area they were dealing with 39 cases involving older people

Recommendations for the service are received from doctors, District Nurses Health Visitors, hospital medical social workers and voluntary workers A doctor's certificate is generally required, but the Home Help Organiser will give help on her own assessment, where the need is obvious She investigates each case personally, and in assessing the service to be provided, gets in touch with relatives and neighbours to see what assistance they can provide

Although income is taken into account in assessing the charge, there is no income bar to receiving the service

1 1 HOME HELPS FOR PEOPLE LIVING WITH OTHERS

An old person living with a son or daughter who is out at work can be allo cated a home help to do those rooms or services used by the old person herself, including sharing the work of cleaning the communal parts of the house, such as the bathroom and kitchen, with the younger person Where a daughter or daughter in law is at home all day assistance is only given where it is felt that the younger person cannot manage for some reason such as poor health

1 2 DUTIES OF THE HOME HELP

The function of the home helps is to give assistance with, or carry out, the normal domestic work required in a household, such as sweeping, dusting, cleaning and polishing. They may also make and lay fires, carry coals and make beds They may clean the outside and insides of any windows that can be easily and safely reached, which precludes the outsides of windows above the ground floor

Any shopping they do for old people is supposed to be done on their way to the job, and, if possible for more than one person at a time, similarly for collecting pensions

The home helps may launder small articles of clothing, but are not expected to do any large amounts of washing particularly where people are receiving a laundry allowance from the National Assistance Board If necessary, they may help old people to wash or bathe themselves, get dressed, go to the w.c or empty chambers.

They may cook a meal for an old person, do some sewing, put up curtains and do small household repairs The home helps are instructed not to do any spring cleaning or washing down of paintwork without consulting the Organiser, nor to do any unnecessary polishing of brass or silverware

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There are in the area several sources of voluntary help, and it is usually possible for the Home Help Organiser to tap these for jobs such as gardening, spring cleaning, window cleaning, etc.

1.3 CHARGE FOR HOME HELP SERVICE

There is a scale of charges laid down by the County for the service, ranging from nothing to a maximum of 4s. 9d. per hour. In November there were in the Oakham Urban area, 11 cases, all on National Assistance, receiving the service free of charge, 5 paying an assessed charge and 9 paying the full charge. In the Oakham Rural Area there were 12 receiving the service free of charge, 1 paying an assessed charge and 1 paying the full charge.

A financial investigation is only made where the applicants say they cannot afford the maximum rate. The Home Help Organiser did not think there was anyone who was not getting a home help because he or she thought they could not afford to have one. In an area like Oakham, most people's circumstances are known, as the Organiser has persuaded people she knew were having difficulty in paying the full charge to apply for a reduction.

The Organiser is responsible for assessing the charge. Although there is a scale laid down under which any applicant with an old age pension and more than £600 capital is charged the full rate, each case is looked at individually. and the Committtee has so far accepted the Home Help Organiser's recommendations for special reductions. She mentioned a particular case to me of a District Nurse who had broken her leg in the course of her duties and had retired and was receiving a disability pension. She needed a home help and her pension was taken into account in assessing the charge, which she did not pay. The arrears mounted, but because it was known that the help was needed, the service was not withdrawn, and the Committee agreed to waive the arrears and, in reassessing the charge, discount the disability pension. The applicant is now happily paying the reduced charge.

The M.O.H. said that in special circumstances he has permission to waive the charges.

1.4 REVIEW OF NEED

Until the appointment of the Home Help Organiser there was little reviewing of the need for a home help, but the Organiser has started to do this, with the result that she has discontinued the service in one case where she found the applicant now had a housekeeper. In other cases the hours have been cut down where it was found they were in excess of the need. In one case during the last three months the home help has been discontinued on the applicant's own request. In this case he wrote in to say that as his son's 'young lady' had come to live nearby she would be helping him, so he would not need a home help.

The Home Help Organiser does not necessarily notify the G.P. of a discontinuance of service. It depends on who recommended the case.

In no case has a service been discontinued because of maternity or hospital discharge cases. At all times it has been possible to maintain an adequate service, because in the area, the Home Help Organiser is short of cases, not home helps, and she is in fact looking for cases to help. She wrote to all the G.P.s saying she had spare home helps' time, and asking if they knew of anyone in need but at the time she had had no replies. Since taking up her

appointment she has persuaded 20 extra people in the county as a whole to have a home help One old lady would only accept one after the Home Help Organiser had walked with her to the cemetery to see her late husband's grave

1 5 CONTINUITY OF THE HOME HELP SERVICE

It is the policy of the Organiser to send the same home help, whenever possible, to individuals In some cases, however, with a difficult old person it can be unfair for one home help to have to deal with the same case all the time, and in these circumstances to relieve the home helps, they are changed around

1 6 RECRUITMENT OF HOME HELPS

At present there are an adequate number of home helps and the Organiser is looking for more cases not more home helps Because of the spread of the area, however, there are difficulties in recruiting the right person in the right place In the past, in the absence of a Good Neighbour scheme, willing neighbours have been co opted as home helps and paid for a fixed number of hours per week. When the Organiser has completed her review of all cases she intends to start a Good Neighbour scheme, whereby a neighbour willing to assist an old person can be paid between 10s and £1 19s 11d per week for the service she renders

Until this has been started it will not be possible to know where extra home helps may be needed in future, but the Organiser does not anticipate any difficulty in getting the County to increase the establishment, if it becomes necessary

1 7 CONDITIONS OF WORK FOR THE HOME HELPS

The home helps are paid on an hourly basis which includes travelling time between jobs but not travelling time from home to work In the case of home helps travelling into Oakham by public transport, which is rather infrequent, they are paid for the time between arriving in Oakham and the time they are due to start on their first job and for the time between leaving their last job and the time the bus or train goes

For the home helps working in the rural areas they are allocated cases in their own area if possible, and by organising lifts with ambulance drivers, etc., their travelling time is cut down One home help spends about one and a half hours a day travelling on buses between jobs, and this is the maximum

The home helps are issued with navy blue nylon overalls At present the home helps receive no training but the Organiser is hoping to arrange, in the home helps' working time, training courses, with talks from the M O H, nurses, etc. At the end of each training course the home helps will receive badges which can be pinned on to their coats or hats In this way she hopes to raise the status of the home help above that of an ordinary domestic worker

1 8 OFFICE STAFF

At present the Organiser works on her own with clerical assistance from one of the clerks employed in the Health Department, and she finds that this is adequate

2.0 INTERVIEWS WITH PEOPLE RECEIVING HOME HELPS

In order to find out who was being helped, and what the home help does for the elderly, a sample of people of retirement age having home helps at the time of the survey, was selected for interview

2.1 THE SAMPLE

Thirty-six elderly people were receiving the services of home helps (2·1% of the elderly population). All 36 addresses were taken and interviews were obtained at 32 of them.

The Oakham Rural sample had 11 addresses with 13 people in them and there was one ineligible address as the person there wasn't old enough, this left 10 addresses and 12 people.

In Oakham Urban District, 1 address was ineligible as there was no longer a home help calling there, 1 address was a non-contact as the husband of the occupant had died recently and the occupant herself had gone to stay with her daughter, and at the other address the interview was refused. This left 22 addresses with 27 people where successful interviews were obtained.

2.2 NUMBER OF DAYS AND HOURS PER WEEK

About a quarter of the people in our sample had the home help for 1 day a week and a third for 2 days a week only 1 person had the home help less than once a week. The number of days a week elderly people had the services of a home help is shown in table 1:

TABLE 1

Number of days a week home help calls

No. of days	Households		People	
	No	%	No.	%
1	7	23	9	25
2	9	30	11	31
3	3	10	3	8
4	2	7	3	8
5	6	20	7	20
6	3	10	3	8
All visits	30(1)	100	36(2)	100

(1) Excludes 1 household not answering and 1 household which had a home help less than once a week.

(2) Excludes 2 not answering and 1 person having a home help less often than once a week.

The number of hours per visit ranges from 1 hour to 4 hours, the most usual length of time is 2 hours as will be seen from table 2.

39% of the households have the services of a home help for between 3 and 4 hours per week, but 20% only have her for 1-2 hours per week and 26% have her for between 5 and 8 hours per week. 12% have the home help for more than 10 hours per week.

At 2 households the home help came for 12 hours per week and at a further 2 households for 13 and 20 hours respectively.

In one case where the home help came for 12 hours per week the respondent was housebound and had difficulty in going out of doors, up and down stairs, getting about the house, getting in and out of bed and dressing herself. The respondent's son was out working all day and paid the full cost of the home help's services as well as cooking and shopping for the household.

TABLE 2

Length of time home help stays per visit

Length of time per visit	Households		People	
	No	%	No	%
1 hour	6	19	7	19
1½ hours	3	10	3	8
2 hours	17	55	20	54
2½ hours	1	3	2	5
3 hours	3	10	4	11
3½ hours	—	—	—	—
4 hours	1	3	1	3
All visits	31(1)	100	37(1)	100

(1) Excludes 1 household (2 persons) not answering

TABLE 3

Number of hours per week home help assist elderly people households

No of hours per week	Households		People	
	No	%	No	%
1- 2 hours	6	20	7	19
3- 4 hours	12	39	15	40
5- 6 hours	7	23	8	22
7- 8 hours	1	3	1	3
9-10 hours	1	3	1	3
11 12 hours	2	6	2	5
13 or more	2	6	3	8
All visits	31(1)	100	37(1)	100

(1) Excludes 1 household (2 persons) not answering

In the other case where the home help came for 12 hours per week the respondent was permanently housebound as having had a broken leg her mobility was restricted The home help did most of the housework and shopping and was employed by the old person for a further 6 hours a week to bake and do washing in her own home The initial 12 hours cost the respondent nothing The doctor visited the old lady regularly about once every 3 weeks but she had no other domiciliary welfare services though her son usually did various tasks on the Sunday when the home help did not come (rural)

The household that had a home help for 13 hours per week contained a married couple the wife was paralysed by a stroke, but her husband was quite well and usually got out and about with little or no difficulty the home help did most of the housework and shopping while the husband did most of the cooking which the home help sometimes helped prepare The couple did not have to pay for the service (rural)

The old lady who had the home help for 20 hours per week paid for her at the full rate and though she did not have much difficulty in doing things for herself the home help did most of the shopping cooking and housework.

The respondent was not visited regularly by the doctor, but had obtained the home help 5 years previously after having an operation (rural).

2.3 DUTIES OF THE HOME HELP

At nearly all households, the home help does the necessary cleaning, polishing, dusting, etc., on the days she attends, as can be seen from table 4:

TABLE 4

Tasks performed by home help

Tasks performed	Households		Persons	
	No.	%	No.	%
Dusting/polishing/sweeping, etc.	30	97	36	97
Cleaning floors	29	94	34	92
Shopping	14	45	16	43
Collecting pension	5	16	5	14
Going to laundry/launderette	1	3	2	5
Doing some laundry in house	8	26	10	27
Laying fires/filling scuttles, etc.	13	48*	15	47*
Making beds	12	39	17	46
Getting light meals	4	13	4	11
Making tea or coffee	10	32	12	32
Washing up	9	29	11	30
Help wash/bathe	3	10	3	8
Clean windows	19	61	21	57
No. households/persons	31(1)	100	37(1)	100

(1) Excludes 1 household (2 persons) not answering.
* Percentages based on 27 households (32 persons) which had a coal fire.

Home helps do the shopping in nearly half of the households, and in about a third they make beds, wash up and make tea or coffee. In 48% of households, home helps make fires and bring coal into the house. Only in 10% of households did the home help prepare light meals and help the elderly person with washing and bathing.

Nineteen of the 38 people (1 proxy excluded) said they did not need any more help and 6 did not answer the question. Of those who wanted more

TABLE 5

Time at which home help starts work

Time arrives	Households		People	
	No.	%	No.	%
8–8.55 a.m.	2	7	2	5
9–9.55 a.m.	12	42	17	46
10–10.55 a.m.	5	17	5	13
11–11.55 a.m.	5	17	8	22
12 noon–12.55 p.m.	1	3	1	3
1–1.55 p.m.	—	—	—	—
2–2.55 p.m.	3	11	1	3
Any time in morning	1	3	3	8
All times	29(1)	100	37(1)	100

(1) Excludes 1 household (2 persons) not answering.

help 11 said they wanted the home help to do jobs she didn't do at the time, about half of them wanting her to do spring cleaning

2.4 TIME OF ARRIVAL

In 13 households the home help helps with the fires—yet in only 2 households does the home help arrive before 9 a m as can be seen from table 5

At only 1 of the households where she helped with making fires or carrying coals did the home help arrive before 9 a.m 1 person said she would like more help but that she managed with care when the home help was not there. Another person who only had the home help for 2 hours a week said that she would like her to be able to do the fires more often, but none of the other households experienced any difficulties, being able to light the fire themselves or having the job done by friends or relatives

2.5 HOW OLDER PEOPLE MANAGE TO DO THINGS ON THE HOME HELP'S DAYS OFF

Table 6 shows how older people manage various household tasks on the days the home help does not attend

TABLE 6

How elderly people managed to do things on the home help's days off

How old people manage	Dusting polish ing, sweep-ing	Clean ing floors etc.	Shop-ping	Fires	Making beds	Wash ing clothes	Meals	Making tea or coffee	Wash-ing up
Doesn't need to be done	4	3	6	2	—	1	—	—	—
Leave it/leave part/ just doesn't get done	11	23	—	—	5	4	—	—	—
Do it themselves, no difficulty	6	5	7	6	6	3	4	8	5
Do it themselves with difficulty	9	—	—	1	1	—	—	1	2
Done by someone else	6	3	3	6	5	2	—	3	4
No of people (excluding no answers)	36	34	16	15(1)	17	10	4	12	11

(1) Excluding 5 people who didn't have solid fuel fires

In a high proportion of cases the cleaning of floors is left undone, and dusting, polishing, etc., is generally done in part only Many of the elderly only straighten the bed and leave the turning of mattresses to the home help

2.6 JOBS NOT DONE BY HOME HELP

TABLE 7

How elderly people manage household tasks not done by home help

How old people manage household jobs not done by home help	Shopping	Fires	Meals	Making tea or coffee	Washing clothes	Washing bathing	Making beds	Washing up
Doesn't need to be done	—	—	—	1	—	—	—	—
Leave it/leave part/ doesn't get done	—	—	—	—	7	—	2	1
Do it themselves no difficulty	7	10	19	19	—	25	12	19
Do it themselves with difficulty	—	—	4	—	—	6	2	2
Done by someone else	14	7	10	5	20	3	4	4
No of people (excluding no answers)	21	17	33	25	27	34	20	26

3.0 THOSE HAVING HOME HELPS

3.1 SEX AND AGE

Of the 39 people of retirement age who were interviewed, 25 were women and 14 men. A similar proportion of elderly women received the home help service as elderly men. [Our general sample shows that 34% of those of retirement age are male (34·8% Census 1961), while the proportion of men in the sample of those receiving home help is 36%.]

Table 8 shows the age distribution of those receiving home help.

TABLE 8

Age distribution of men and women receiving home help

Age Group	Men	Women	Both Sexes	
	Nos.	Nos.	Nos.	%
60-64	—	2	2	5
65-69	—	4	4	10
70-74	2	7	9	23
75-79	5	6	11	28
80-84	4	4	8	21
85 and over	3	2	5	13
All ages	14	25	39	100

3.2 HOUSEHOLD COMPOSITION

About 50% of the people receiving home helps lived alone, as can be seen from table 9:

TABLE 9

Household composition of households having home helps compared with the general sample[1]

Household composition	Home Help Sample		General Sample	
	Household %	Persons %	Household %	Persons %
Old person living alone	59	49	30	23
Old person living with unmarried child	16	13	12	9
Old person living with married child	—	—	6	5
Old person living with others 64 and under	—	—	7	6
Old person living with others 65 and over	3	5	5	8
Old person living in hotel or private home	—	—	1	1
Married couple living alone	19	28	29	36
Married couple living with unmarried child	3	5	9	10
Married couple living with married child	—	—	*	1
Married couple living with others 64 and under	—	—	1	1
Married couple living with others 65 and over	—	—	—	—
Nos. on which % based	32	39	409	526

* Less than 0·5%.

Where an elderly person is living with others even when the others are also elderly, there appears to be less need for a home help

3 3 MOBILITY

None of the people in the home help sample were permanently bedfast, but 2 people who were usually housebound were temporarily bedfast 7 people were permanently housebound with 1 person who usually went out temporarily housebound The rest of the sample 29 people usually went out with no difficulty

The most usual reason for the housebound not going out was rheumatism and arthritis, mentioned by 5 informants blindness was given as a reason by 3 informants, and 1 informant said that if she caught a chill it would be the end so did not go out

3 4 DOCTOR'S ATTENDANCE

Six of the 39 people in the sample saw the doctor regularly 1 going to his surgery and 5 being visited by him

3 5 OTHER WELFARE SERVICES

(a) Meals-on-wheels

Five (12%) of the 39 persons with home helps also had meals on wheels delivered, getting 2 dinners per week 2 recipients said they started having meals on wheels before they had a home help, 2 after they got the home help and 1 person did not answer the question

At this point it may be of some interest to note the opinions of G P s on the need for more help with meals for old people Asked whether they had any elderly patients not getting meals on wheels who would benefit by the service 6 of the 7 G P s said they knew of such patients estimates of the numbers ranging from 12 patients to 90% of elderly patients in the practice

Two G P s thought that there was no meals on wheels service in their area, 1 G P had 1 patient who would not take meals on wheels and the remainder thought the reason their patients did not get the service was because of the *scattered nature (21 villages in 1 practice) of the practices Only 1 G P* gave an answer to what would be a minimum number of days to deliver meals on wheels and he thought they should be delivered at least 4 days a week 1 G P only had patients who needed meals on wheels more days per week

While the doctors thought meals on wheels a good idea they thought that it was impracticable in the rural environment

(b) District Nurse

The District Nurse was calling on 5 (12%) of the sample compared with 2 7% of those in the general sample and the help given is listed below

	Home Help	*General*
Blanket baths washing and cutting toe nails	5	4
Injections	—	8
Dresses wounds sores etc	—	2
No treatment just checks	—	1
No of replies	5	15

The District Nurse had been attending these 5 people for varying lengths of time as shown in table 10:

TABLE 10

Length of time District Nurse has been attending patients

How long District Nurse has been attending	Home Help Sample	General Sample
Less than 3 months	—	—
3 months but less than 6 months	2	1
6 months but less than 12 months	1	5
1 year but less than 2 years	1	4
2 years but less than 3 years	—	2
3 years but less than 5 years	—	—
5 years but less than 10 years	1	1
10 years or more	—	1
Those who have District Nurse call	5	14

The District Nurse had generally been calling for a longer period on those in the general sample than on those in the home help sample. It would be interesting to see if in the home help sample the District Nurse started to call before or after the home help.

None of those receiving the home help service had had the District Nurse before they got a home help, 3 had the District Nurse and home help about the same time and 2 had the District Nurse after they had the home help for some time. This implies that being allocated a home help might lead to visits by the District Nurse, not for nursing treatment, but for personal care.

Those having visits from the District Nurse were asked how long she stayed and the answers are detailed in table 11:

TABLE 11

Length of time District Nurse stays on each visit

How long District Nurse stays	Home Help Sample	General Sample
0–10 minutes	—	6
11–20 minutes	4	6
21–30 minutes	—	2
31–60 minutes	1	—
Number answering	5	14

The District Nurse stays longer with people having home helps, presumably because bathing, etc., takes longer than injections.

There is no bathing service in this area and 6 of the 7 G.P.s thought such a service, operated by enrolled nurses, would be useful in relieving the District Nurse. One didn't think such a service would make much difference, as the skilled time saved would be wasted in travelling.

Five doctors thought the District Nursing service was adequate, but 2 reported that they had, on occasion, found it difficult to get a nurse in every day for elderly patients who had acute or chronic illnesses. On consideration,

4 G P s thought more District Nurses would make the service more effective in helping elderly patients and 1 said attachment to G P s would serve this purpose

(c) **Chiropody**

The County Health Department is responsible for the welfare chiropody in Oakham Urban and Rural Districts There are 3 clinics, 1 of which is fully booked and the other is rather inaccessible The third is held at Lonsdale House once a month There is also a chiropody clinic at the old people's club in Morcott which is outside the area of the survey but nevertheless serves some of the patients within the area.

Two of the 39 informants with home help (5%) used the welfare chiropody service and a further 4 (10%) had their feet done privately

Of the general sample, 6% used the welfare service while 9% went privately, so it would appear that similar proportions of those receiving home help are having chiropody as those in the general sample, 15% of both distributions The frequency of treatment is detailed below in table 12

TABLE 12

Frequency of treatment of elderly people receiving welfare and private chiropody

Length of time between treatments	Home Help Sample		General Sample			
	Welfare	Private	Welfare		Private	
	No	No	No	%	No	%
Up to and including 1 month	—	—	3	9	11	23
Over 1 month and up to 2 months	—	2	7	20	10	21
Over 2 months and up to 3 months	2	1	14	41	10	21
Over 3 months and up to 6 months	—	—	6	18	7	15
Over 6 months and up to 12 months	—	1	1	3	4	9
No set time	—	—	3	9	5	11
No on which % based	2	4	34(1)	100	47(2)	100

(1) Excludes 1 not answering
(2) Excludes 2 not answering

TABLE 13

Comparison of the satisfaction experienced by those having welfare chiropody compared with those receiving private treatment

Do you have trouble with your feet so you would like to go more often?	General Sample			
	Welfare		Private	
	No	%	No	%
[illegible]	12	34	10	20
[illegible]	1	3	4	8
[illegible]	2	6	2	4
[illegible]	20	57	33	68
No on which % based	35	100	49	100
No having chiropody		84		

It can be seen that on the average, people having private chiropody treatment do so more often than those having welfare treatment. Whether this amount of treatment is satisfactory is examined in table 13, for the general sample.

This shows that a higher proportion of people having welfare chiropody have trouble between visits and would like more frequent treatments than private patients. We have, however, seen that welfare patients wait longer between visits. The original data show that while none of the welfare patients who go once a month have trouble, 13 of the 32 who go less than once a month have trouble, all but 1 of whom would prefer more frequent treatments.

Doctors in Oakham were asked for their opinions of the chiropody service. Their main criticism was of the transport difficulty in getting to Oakham.

Asked if they had any elderly patients in need of chiropody 5 of the 7 said they did, but could give no estimate of numbers.

The doctors as a whole thought the chiropody service could be improved by more domiciliary treatment and 1 doctor said that the service should be available to those under 65, thus preventing feet conditions becoming too bad.

(d) Health Visitors

Three of the 39 were visited by a Health Visitor, 5 G.P.s thought the service inadequate, including 2 who thought their numbers inadequate, and 1 who wanted attachment.

(e) Visiting Service

Seven people had friendly visits from the Welfare.

3.6 FINANCIAL POSITION OF THOSE HAVING HOME HELPS

The sources of income of those having home helps is compared with that of the general sample of people of retirement age in table 14.

TABLE 14

Sources of income of those having the services of a home help compared with sources of all people of retirement age

Source of income	Those with home helps		General sample	
	No.	%	No.	%
Wages/salary	5	13	162	33
Retirement/O.A.P.	34	87	392	79
National Assistance	18	46	78	16
Other Govt. grants and pensions	5	13	75	15
Private/firms pensions	1	3	52	11
Rents	1	3	25	5
Interest on shares etc.	3	8	70	14
Charities	—	—	—	—
Other sources	—	—	8	2
No. of people on which % based	39	(1)	493	(1)

(1) Percentages add to more than 100 as some people had more than one source of income.

It will be seen that a high proportion (46%) of those receiving the home help service are also receiving National Assistance Generally those receiving National Assistance have incomes in the lower bracket, which would suggest that the actual income of those having a home help is lower than that of those not receiving the service This is examined in table 15

TABLE 15

Income of those having the services of a home help compared with incomes of the general sample of old people

Income per week	Single Incomes				Joint Incomes			
	With home help		General sample		With home help		General sample	
	No	%	No	%	No	%	No	%
Less than £4	—	—	8	3	—	—	4	2
£4–£4 19s	11	41	117	48	—	—	—	—
£5–£5 19s	7	26	36	15	—	—	—	—
£6–£7 19s	4	15	40	16	4	40	43	18
£8–£9 19s	3	11	21	9	5	50	41	17
£10–£14 19s	—	—	10	4	1	10	92	39
£15–£19 19s	—	—	4	1	—	—	32	14
£20 and over	2	7	9	4	—	—	23	10
No of persons on which % based	27	100	245	100	10*	100	235	100

*Excludes 2 not answering

If having a home help was dependent on having a low income it would have been expected that more of the home help sample would have fallen in the lower income groups than the general sample, but 51% of those on single incomes in the general sample had less than £5 per week compared with 41% of the home help sample Even at the higher end of the scale the home help

TABLE 16

Income of persons not receiving National Assistance and amount paid per week for home help

Weekly Income	Amount paid per week				
	Nil	Less than 5/-	7/6 to 10/-	10/- and over	Total
Single incomes					
Less than £4	—	—	—	—	—
£4 but less than £6	1	3	1	—	5
£6 but less than £8	—	—	—	1	1
£8 and over	1	—	2	2	5
Joint incomes					
Less than £6	—	—	—	—	—
£6 but less than £8	—	—	—	2	2
£8 but less than £10	2	—	—	—	2
£10 and over	1	—	—	—	1
Income refused	2	—	—	—	2
Nos on which % based	7	3	3	5	18*

*Excludes 2 cases not answering and one lady who did not know the amount because her son paid it

sample had an equally high proportion (18%) with incomes of £8 or more.

As far as joint incomes are concerned (mostly married couples), more of the home help sample (40%) were in the under £8 category compared with the general sample (20%). At the higher end of the scale, fewer people from the home help sample had high incomes (none over £15 p.w.) while 24% of the general sample had incomes above £15 p.w.

It would appear that the National Assistance grant, drawn by a higher proportion of those with home helps lifts them from the bottom of the income scale, but there is still a high proportion of single people with an income of less than £5 per week.

The original data show that those on National Assistance tend to have longer periods of home help than those not on National Assistance.

3.7 MOBILITY OF OLD PEOPLE HAVING HOME HELPS

One would expect those receiving home helps to be less fit than elderly people in general. While none of the old people receiving home helps was bedfast, 9 were permanently housebound, 2 of them being temporarily bedfast at the time of the interview and 30 usually went out of whom 1 was housebound at the time of the interview. Comparing the home help sample with the general sample it is found, as would be expected, that a much higher proportion of those getting home help are housebound.

TABLE 17

Mobility of those having home helps compared with the general sample

Mobility	Home help sample	General sample
	%	%
Bedfast permanently	—	0·2
Bedfast, usually housebound	5	0·2
Bedfast, usually goes out	—	—
Housebound permanently	18	7·8
Housebound, usually goes out	3	1·1
Usually goes out	74	90·7
Nos. on which % based	39	526

TABLE 18

Comparison of proportions in home help sample having difficulty in performing given functions, compared with the general sample

Difficulty with	Home help sample	General sample
	%	%
Going out of doors on own	56	17
Getting up and down stairs on own	62	25
Getting about house on own	33	6
Getting in and out of bed on own	21	6
Washing themselves	15	3
Bathing	44	17
Dressing	15	5
Nos. on which % based	39	516(1)

(1) Excludes 10 persons in institutions.

23% of those having home helps are housebound permanently and a further 3% temporarily compared with about 8% permanently and 1% temporarily housebound in the general sample 91% of people in the general sample usually went out, compared with only 74% of those having home helps

Further evidence of the above may be obtained by examining the capacity for self-help of the 2 samples

It can be seen from table 18 that a far higher proportion of those having home helps have more difficulty getting around and helping themselves than do elderly people generally

TABLE 19

Doctor's attendance on those receiving home help as compared with the general sample

Doctor s visits	Home help sample	General sample
	%	%
Subject visits doctor regularly	3	6
Doctor visits subject regularly	12	3
No regular visits	85	91
Nos on which % based	39	517

Table 19 shows that in Oakham G P s see a higher proportion of those receiving home helps more regularly than those in the general sample

Of the 6 with home helps seeing the doctor regularly, 3 saw him every 2 or 3 weeks 2 once a month and 1 less frequently than once a month The frequency of visits of the general sample is shown in table 20

TABLE 20

Frequency of visits for those seeing doctor regularly

Frequency of visit	General sample
	%
At least once a week	10
Every 2 or 3 weeks	17
Once a month	54
Less frequently than once a month	19
Nos on which % based	48

TABLE 21

Person responsible for most of the cooking shopping and housework

Person respons ble for	Cooking %			Shopping %			Housework %		
	Men	Women	All	Men	Women	All	Men	Women	All
Self	13	86	62	19	68	52	9	72	51
Spouse	61	1	21	42	5	18	48	1	17
Shared self+spouse	2	1	2	11	7	8	8	6	7
Ch ld (in law) in household	8	3	5	11	6	7	10	5	7
Child (in law) outs de household	1	1	1	2	2	2	5	2	2
Other relat ve in household	6	4	5	5	5	5	6	2	4
Other rela ve outs de household	1	*	*	1	1	1	1	*	*
Other person in household	4	2	2	4	1	2	3	2	2
Friend/ne ghbour	1	—	*	3	3	3	1	*	*
Home help M O W /welfare	—	—	—	1	1	1	3	3	3
Private domestic help/eat out	3	2	2	1	1	1	6	7	7
Nos on which % based	171	345	516	171	345	516	171	345	516

*Less than 0 5%

Where the doctor is not seen regularly, informants were asked when they last saw their doctor. 13% of those having home helps had not seen their doctor for over 12 months (33% of the general sample) while only 3% saw him in the last 7 days (6% of the general sample).

4.0 ELDERLY PEOPLE IN THEIR OWN HOMES—GENERAL SAMPLE

Only 4% of our sample depended on outside help for their cooking (none had meals-on-wheels or the home help cooking most of their meals).

While 41% of those having home helps say the home help does some of the shopping only 1% of the general sample say she does most of the shopping, and a further 7% say someone outside the household does most of their shopping.

In a majority of cases where a home help is in attendance (5% of sample have a home help) she does most of the housework, however 7% of the sample have private domestic help to do most of the housework. About 3% have people outside the household doing most of their housework; these are mostly children who are not living with them.

85% of elderly people do the major part of their own cooking themselves or with the aid of a spouse, compared with 78% doing the shopping and 75% the housework.

Difficulty in doing cooking, shopping and housework

Where elderly persons did most of own work, they were asked if they could do it without difficulty. 7% of the elderly people responsible for most of their own cooking encountered difficulty—the main difficulty being they were too tired to cook every day. Of those responsible for most of their own shopping 10% had difficulty—mainly in carrying heavy shopping and through poor health, preventing them walking very far. But most difficulty was encountered by those who did their own housework (18%)—the difficulty generally being with bending down and lifting heavy objects.

4.1 DOCTORS' ESTIMATE OF NEED

Doctors have to support any application for a home help and doctors in Oakham were asked if there were any patients who should, in their opinion, have home help but could not get it. None of the doctors thought they had such patients, but 2 thought they had patients who would not accept a home help.

Less than a third of the doctors interviewed thought that where home helps were attending they should stay longer and should attend on more days per week. (25% had the home help only one day a week.)

Two of the doctors said they had patients who should have home helps or have them for longer periods, but who refused this help because they could not afford the charges, and some because they thought it was charity which they were loathe to accept.

The above estimates from doctors are likely to give an incomplete picture of the need in Oakham as a considerable proportion of old people have not seen their doctor for quite a long period. Table 19 showed that only 9% of elderly people see their doctors regularly and table 22 shows that of the

91% not seeing their doctor regularly over 50% had not seen the doctor for at least 6 months

TABLE 22

When elderly people not regularly seen by the doctor were last seen by him

When last visited	Persons not seen regularly by doctor	
	No	%
In last 2 weeks	44	10
	48	11
	35	8
	27	6
	53	12
	84	18
	56	12
Over 2 years and up to 5 years ago	60	13
Over 5 years and up to 10 years ago	28	4
Over 10 years ago	20	6
No of persons on which % based	455*	100

*Excluding 14 who did not know or did not answer

It may be therefore that the need for a home help cannot be fully estimated by reference to doctors and the following method is suggested

4 2 ESTIMATE FROM SAMPLE

The need for home helps is likely to depend mainly on whether the elderly person is able to get about and if not whether there is anyone else either living within or outside the household who helps If not and they are mainly responsible for carrying out the duties themselves can they do so without difficulty

It has been shown that a higher proportion of elderly people who were not able to get out and about at the time of the survey needed more home help than did others We shall now examine whether household composition is another factor contributing to the need for home helps

We saw in table 9 that amongst the home help recipients a much higher proportion lived alone than in the general elderly population This would seem to indicate that there is a greater need for home help amongst those living on their own

Those not usually able to get out and about

There were 42 people in this category in households as follows —

	9
	11
	2
	6
Couple living alone	12
Couple living with their child(ren)	2
	42

Of those living alone, 1 had a home help and she found the service adequate—the home help did most of the housework and shopping and the old person did her own cooking without difficulty.

Of the 8 who were living alone and did not have home helps, only 3 had difficulty with housework. None had any difficulty in cooking or getting meals and all had satisfactory arrangements for getting shopping.

This suggests for those living alone the need for 2 home helps, as the third person who experienced difficulty with the housework had a niece living next door who did the difficult housework for her.

Of the 11 people living with children, 2 had home helps as their children worked full-time. Only 1 person was responsible for most of the housework and experienced difficulty. This was a woman of 84 living with a son aged 51 who was working full-time and who found jobs involving bending too much for her. The 2 people living with younger persons did not do any of the housework and of the 6 people living with other older people, only 1 person was responsible for the housework and she had no difficulty.

Elderly couples, one or both not able to get out

There were 12 elderly couples living alone, only 1 of whom had a home help—neither of the partners could get out and the home help did all the housework, coming 4 days a week. 2 of the couples without home help reported difficulty with the housework. In both cases the husband was working, and the wife was severely handicapped, one with arthritis, the other with a weak chest, and could not cope with the housework.

None of the elderly couples living with children had to do the housework. Thus for those unable to get out, there is a need for:—

Home helps for 5 households.

Those able to get out

There were 483 elderly people in our sample usually able to get out, in households as follows:—

	Number of persons	Number of households
Old person living alone	115	115
Old person living with child(ren)	62	62
Old person living with others 64 and under	30	26
Older person living with others 65 and over	39	21
Couple living alone	176	112
Couple living with child(ren)	53	36
Couple living with others 64 and under	6	4
Couple living with others 65 and over	2	1
	483	377

Of those living alone 12 had home helps of whom 11 reported no difficulty with housework and 1 needed more home help. This woman of 77 had very poor eyesight. She said that the home help took her out shopping, but she had to do most of the housework herself and had considerable difficulties. 3 reported difficulty shopping but were helped by neighbours and children. One lady of 88 had a home help for 3 hours a week who did most of the

housework, and she also got help from neighbours She said however that cooking was difficult and 'too much bother' and would benefit from the meals on wheels service

Of those living alone without home helps, 4 had difficulty with shopping and housework, 4 with shopping only and 17 with housework only Most of those having difficulty with shopping said it was because of the heavy carrying involved, but all overcame their difficulties by recourse to relatives, friends or neighbours Of the 21 having difficulty with housework, 12 only had minor difficulties and 3 were looked after completely by relatives outside their households, but the other 6 seem to need home help 1 could not cook because of arthritis in her arms, and would benefit from meals on wheels in addition to the home help

Two of the old persons living with children reported that they did most of the housework, one needed a home help, saying that she got very tired (she lived with her invalid son) the other having minor difficulties which were overcome by the use of cleaning aids 1 person required meals on wheels as she was unable to get a meal during the day when her daughter was out at work

An examination of the conditions of the 47 households containing single old people living with others, showed that only 1 household had major difficulties with the housework and needed a home help This was a woman aged 88 living with an invalid sister who found the task of nursing her sister and doing all the housework too much to manage

Of the 112 couples living alone 5 had home helps and they did not report any difficulty, of those with no home help 4 reported difficulty with house work and shopping, 4 with shopping only and 9 with housework only 5 women said their husbands helped them, and 1 said her daughter helped her, they all thought the arrangement satisfactory Most of the remainder overcame their difficulties by use of cleaning aids but 1 needed a home help They lived in a 6 roomed house the wife saying she could not keep the house up to the standard she would like as she had trouble with the heavy housework. This couple had a good income and would no doubt pay the full cost of a home help

None of the remaining couples appeared to need a home help

Thus for those able to get out there is a need for —

Home helps for 9 households
Home help more often for 1 household
Meals on wheels for 3 persons

Therefore it can be estimated that the total need is

	Sample (526 persons of retirement age)	Population of Oakham, Census 1966 (2,040 persons of retirement age)
Home helps	14 households	54 households
Home helps more often	1 household	4 households
Meals-on wheels	3 persons	12 persons

The old people were asked whether there was anything that would lead them to refuse a home help and 2 of those whom we considered needed help said they would not apply as they had heard bad reports of the service and

did not want strangers in the house anyway. If we exclude the above 2 households our estimate then becomes

Households needing home help	46
Households needing home help more often	4
Persons needing meals-on-wheels	12

The most urgent need for those not able to get out is

Households needing home help	15

All the informants were asked if they themselves thought they needed a home help. 11 households thought they did, but only 5 of them qualified under our criteria.

There were 6 cases whom we had not considered in need of home help. Of these, 3 were women living alone. They thought they needed help, but all were, in fact, managing the housekeeping without difficulty. One of them was aged 86, and slightly worried about being alone, but while a home help for her might be desirable, it was not, at the time, necessary. 2 men were looked after by their wives, who appeared to have no difficulties at all. The other was living with his 59-year-old daughter; he thought they needed a home help to get the shopping in when the weather was bad. None of these 6 appear to qualify for home help under our criteria.

If an estimate was made, however, on the basis of the elderly person's own assessment of his need, this would give an estimate of 43 households needing home help, which is smaller than the estimate based on the data examined.

II HOUSING FOR OLDER PEOPLE

A. Oakham Rural District

The Surveyor and Public Health Inspector of Oakham Rural District Council is responsible for the maintenance of the Council's housing accommodation, and the Clerk to the Council for the lettings and rents. These two officers supplied the information on the accommodation for elderly people on November 11th 1965.

1.0 PRESENT POSITION

In the Oakham Rural District in November there were 40 one-bedroom bungalows for old people, all with warden supervision. These were situated in five different parishes:—

9 in Empingham
10 in Exton
10 in Whissindine
7 in Market Overton
4 in Greetham.

1.1 WAITING LIST

A separate waiting list is kept for old people's accommodation. Except in a special medical case, no one under retiring age is put on this waiting list, and only local residents, or people with particular connections with the area, are accepted.

Each applicant is visited by the Public Health Inspector or the Clerk to the Council or, in the case of any medical need, the M.O.H., and the Council officials keep in touch with the applicants so that any change in their circumstances is known.

1 2 ALLOCATION OF ACCOMMODATION

With the small numbers involved there is no points scheme to decide priority but in allocating the bungalows weight is given to the age of the applicant and length of residence in the area Because the main purpose of the warden supervised bungalows is to enable old people to remain independent and to prevent them from having to go into Part III accommodation the Council is concentrating on the oldest applicants provided they are capable of maintaining themselves in their own home

It is the Council's policy to offer smaller accommodation to elderly tenants whose family size has decreased but no compulsion is used at all (In fact no pressure is even exerted to get people to move from unfit houses against their wishes) During the previous 12 months no one was transferred from larger accommodation into the bungalows Most of the bungalows are let to people off the waiting list as there is little slum clearance being done

The Council has never had an application to rehouse anyone from Part III accommodation but would consider it if a very strong case were made

1 3 COUNTY GRANT FOR WARDEN SUPERVISED DWELLINGS

The County Health and Welfare Committee make a grant of £30 a year for each bungalow with a warden if it is let to an elderly, retired person The names of all new tenants are sent to the M O H for his approval and this has not given rise to any difficulties No conditions are imposed by the Health and Welfare Committee on the warden's duties nor on the design of the accommodation although all new plans are now vetted by the M O H and his suggestions are usually accepted

1 4 DETAILS OF THE ACCOMMODATION

Because old people are unwilling to move from one village to another the bungalows have been scattered throughout the area In most cases they are situated next to an estate of Council houses, in which case a warden is recruited from amongst the normal tenantry There are two cases where the bungalows are not near an estate In one, one of the tenants an elderly lady who is a 'First aider' was appointed as the warden and in the other a neighbouring farmer's wife who used to be a nurse, is the warden

Every bungalow is fitted with a bell system of communication to the warden's accommodation There are altogether 7 wardens all working part time Some are only responsible for 4 or 5 bungalows Their duties are to act in an emergency, by calling the doctor relatives etc., and to check up each day that the old people are all right In practice they frequently do much more for the old people

A letter is sent to all new tenants of old people's bungalows giving details of the warden service the reasons for having a warden the limit to the warden's official duties and the name and address of their particular warden They are also given a spare front door key, which if they wish they may give to the warden

Each bungalow has 2 rooms a kitchen and a bathroom Many have also got a bed recess in the living room so that a son or daughter can live or stay with their parents They are all heated by means of a solid fuel fire in the living room with a back boiler, which provides the hot water and heats a radiator in the kitchen An electric wall fire is fitted in the bedroom

1.5 FUTURE PLANS

Nine further bungalows are being built, 5 of which will be ready before Christmas, and 4 in the Spring. 8 more are being planned. In the new bungalows, conscious of the problems of hypothermia, an extra radiator off the back boiler will be situated in the bedroom. One of the bungalows will have 2 bedrooms to accommodate comfortably a 3-person household. They will all have warden-supervision.

The Clerk to the Council did not feel that there were any large number of badly housed old people who were not on the waiting list. He said that the proportion of improved houses in the area was above average. Up until March 1965 £105,911 had been spent on improvement grants. This was the third highest in the 11 rural districts in Leicestershire and Rutland, and exceeded all the urban areas of the 2 counties. He thought that at their present rate of building the Council would almost satisfy the need of the older people's housing in the area.

2.0 INTERVIEWS OF THOSE REHOUSED

In the Rural District, there were 40 units of old persons' housing, all with warden-supervision. One of these was found to be occupied by persons aged under 60, at 1 the subject was away on holiday, and at another the old man was very seriously ill, so neither he nor his wife was interviewed. In all, 51 old people were interviewed (37 households).

2.1 WHEN REHOUSED

Only 1 household had been rehoused within the previous year, but a further 10 had moved within the previous 2 years. 22 had moved over 2 years and up to 5 years ago, and 4 households more than 5 years ago.

Most of the old people were aged 60 or over when rehoused, the exceptions being 1 woman who was only 58 who moved with her husband aged 61, rehoused on medical grounds, and a married couple aged 59 and 56 when rehoused—they had been previously living in a 5-roomed Council house.

2.2 AGE, SEX AND MARITAL STATUS

There were 19 men and 32 women in the sample, 14 of the men living with their wives, but 4 living alone and 1 with his son.

The age of those rehoused is shown in table 1.

TABLE 1

Present age of those rehoused

Age	Men	Women	Both
60–64	1	3	4
65–69	2	10	12
70–74	8	4	12
75–79	4	10	14
80 and over	4	5	9
All ages	19	32	51

Of the women not living with husbands, 2 were single, 15 were widowed, and 1 was married but living alone as her husband was in a mental hospital.

2.3 LENGTH OF TIME LIVING IN THE AREA
All but 8 of the informants had lived in the district for 15 years or more 5 had lived there for between 5 and 9 years 2 for 2 to 4 years, and 1 for only 1 year, but the latter had previously been a resident of Oakham Urban District

3 0 PREVIOUS ACCOMMODATION
Over a quarter (10 households) of those rehoused had lived previously in other Council accommodation, 3 householders had been owner occupiers and 1 a leaseholder, 19 were renting privately and 4 living rent free

4 0 ACCOMMODATION AFTER REHOUSING

4 1 TYPE OF ACCOMMODATION
All the old people are rehoused in dwellings with wardens as described in 1 4

4 2 HEATING
All 37 households had a solid fuel fire in the room they used most 2 having an electric fire and 3 an oil fire as well, but the occupants of 13 of the dwellings said that they were not always warm enough saying this was due to draughts Quite a few said they thought that having so much glass in the houses also made them colder

4 3 DISTANCE MOVED FROM PREVIOUS ACCOMMODATION
Forty of the informants had moved a distance involving a journey of 15 minutes or less from their previous home the other 11 going over 20 minutes However, none of these 11 had objected to the move or thought of refusing because the distance was too great

5 0 DID REHOUSED WANT TO MOVE
Thirty six of the informants wanted to move, 12 had to and 3 both wanted and had to Of those that said they had to move, 9 were living in condemned houses, 4 in tied houses, one had to move when the house she was living in was sold and 1 was asked by the Council to move as her large L.A house was needed for a larger family The reasons for those who wanted to move will be examined in detail in a later section

Almost all those who had had to move were on the waiting list for rehousing for less than a year, compared to under half of those who had wanted to move

6 0 LENGTH OF TIME ON THE WAITING LIST
Eleven households said that they were never on the waiting list for rehousing (7 of these being former Council tenants) (1) Another 11 had waited up to a year, 13 1 to 2 years, and only 2 for longer than this 3 and 4 years respectively

8 0 OTHER WELFARE SERVICES
The welfare services were used much more by these old people after they had been rehoused—5 people were now receiving home help whereas none had before moving 2 now had the Health Visitor and 2 the District Nurse call Many people also said that they received friendly visits from the Welfare Department

(1) The Clerk to the Council, however, pointed out that all applications are submitted to the housing committee for consideration

9.0 VIEWING THE ACCOMMODATION AND MOVING

Four of the 51 rehoused had not seen their new home before they actually moved in, but 3 of these were permanently housebound. Almost a third were shown over by a member of the Housing Department, 8 went with friends or relations, the others going by themselves. However, in many cases of people living in small villages, they had watched with interest the construction of the houses into which they would move.

All the informants said they were given enough time to make their arrangements before they were required to move into their new houses, and none had any difficulty with the actual move, with getting mains services laid on, etc.

10.0 ASSESSMENT OF HOUSING NEED ON LOCAL AUTHORITY CRITERIA FOR REHOUSING

The reasons given by the old people for their moves can be classified as below:

(i) **Homeless**

Eighteen persons (13 households) were rehoused when they found themselves with nowhere to live: 9 persons (7 households) were living in houses which were condemned. One of these houses, containing an elderly couple, had been owned by the Council. 8 persons (5 households) had been living rent free in tied accommodation when they had wanted or had to retire.

One lady had to move when the house she was renting was sold by the owner.

(ii) **Council tenants**

Of the other 9 households living in Council accommodation, 7 mentioned that they had moved because their previous accommodation was too big for them, or was needed for larger families, only 1 of the 7 saying that they also needed a smaller place for health reasons. All had had 4 or 5 rooms in their previous houses.

Another woman with a 4-roomed house said she had moved because her husband had a bad heart and could not manage the stairs.

The final couple had only had 3 rooms in their previous house but had had to move because the wife had a T.B. hip so they had to have a ground-floor flat.

(iii) **Health reasons**

Fourteen persons (12 households) mentioned failing health as their reason for having to move. 11 of these households said that stairs were a source of difficulty, 6 giving specific causes for this such as arthritis and heart disease.

The last couple did not seem to have any great difficulty in getting about but said that they wanted a smaller place without stairs which would be easier to run.

Three of the households had no piped water in the house and no w.c., and a further 4 had an outside w.c., these housing conditions adding considerably to their difficulties in getting about; but 5 households had sole use of all amenities including an indoor w.c.

(iv) Housing conditions

The remaining 8 persons (5 households) all complained of bad housing conditions 4 of these households had no water supply to their houses and no w c 1 was an owner-occupier, 2 others were renting The remaining household had been living in a caravan, but did not want to stay there for the winter

We therefore find that the majority of old people who are rehoused in Oakham Rural District are moved because of living in very old and inadequate housing, this becoming particularly urgent as their health begins to fail and they find it more difficult to get around

We will estimate the number of people in the Rural District who need rehousing by examining the waiting list to see if the applicants qualify for rehousing for reasons similar to those listed above, and also by examining those persons in the general population of old people who say they would accept Council places to see if any are in need

10 1 WAITING LIST

There were 27 applications from old people on the waiting list At one, the named person's employer refused to let the interviewer see her, insisting that she was only aged 59, and at another the named people had moved away from the village However interviews were obtained at the other 25 addresses, 31 old people being seen

Six households (7 persons) were already about to be rehoused, and were due to move into bungalows early in 1966 5 of them were living in poor housing with outside w c s which were also damp or in bad repair The last woman had been living with her daughter for 3 years while her son-in-law had been abroad, but now he had returned and she again needed a place of her own

Age and sex

The present ages of those still waiting to be rehoused are shown below

TABLE 2
Age of those on the waiting list for rehousing

Age	Men	Women	Both
60–64	1	2	3
65–69	6	5	11
70–74	2	3	5
75–79	1	—	1
80 and over	1	3	4
All ages	11	13	24

Seven of the men were married 2 of them to women aged under 60 who were not interviewed, 3 were widowed and 1 was single

Household composition

In the sample there were 8 old people living alone (3 men, 5 women), 6 couples living alone, and 4 'single' persons and 1 married couple living with their children and grandchildren

Length of time on the waiting list

Four of the informants had applied to the Council for rehousing less than a year ago, 11 between 1 and 2 years ago, and 9 more than 2 years previously.

Reasons those on the waiting list want to move

(i) Homeless

Three couples and 1 woman living with an unmarried daughter wanted to move because they were in tied houses and either wanted or had to retire.

Another woman was having to find somewhere else to live because the house she was renting had been sold and the new owner wanted to move in.

These 5 households would all qualify for rehousing.

(ii) Council tenants

There was only 1 Council tenant on the waiting list—a widow of 63 living in a 6-roomed Council house who now wanted something smaller. She had no difficulties in managing, but would be likely to be rehoused to make her present home available for a larger family.

(iii) Health reasons

One couple and 1 single woman were living in accommodation with all amenities but which was very cold and damp. The single woman suffered from bronchitis, and the husband of the couple was housebound with arthritis and had a letter from his doctor saying he ought to be rehoused. These 2 households would seem therefore to qualify for rehousing.

(iv) Housing conditions

Two of the households had no piped water inside their dwellings and an outside w.c., 2 had no w.c. although they had a water supply in the house, and a fifth had neither. Only 1 person had any difficulties in getting around, but these people would all require rehousing because of their lack of amenities.

Another couple lived in a caravan using the water and amenities on the site, but they were naturally finding this more difficult as they grew older.

(v) Other reasons

Three of the applicants said they wanted to move because their present homes were too big for them, but all 3 had all amenities including inside w.c.s and since they said they had no difficulties in managing or with stairs, they would be unlikely to be rehoused under the present scheme of priorities.

Two cases remain:—

(a) A man of 67 living with his son, daughter-in-law and their 4 children. They were not overcrowded, and he was quite fit and able, but felt that if he could be rehoused it would relieve the pressure on the daughter-in-law.

(b) A woman of 60 who had been living with her son and his wife since she recently returned from New Zealand. She wanted to set up house on her own.

Although these 2 cases do not fit into any 1 of the categories, they do seem to be cases where rehousing would be the best way of suiting their needs

Therefore of the 19 applicants on the list still wanting rehousing, 16 would seem to qualify for housing if it were available

10 2 NEED AMONG OLDER PEOPLE IN OAKHAM RURAL DISTRICT

In the general sample of 294 people of retirement age in Oakham Rural District there were 52 people who said they would accept a Council place in the area if offered one Of these, 10 were on the waiting list and have therefore already been considered and another woman said she had accepted a place and was going to move in a few weeks 21 of those who would accept a Council place said they wanted to move but 20 were not at present thinking of moving

Those who want to move and would accept a Council place

The 21 people in this category represented 19 households Their reasons for wanting to move are examined below

(i) Council tenants

Five households were already living in Council accommodation, all in houses with 4 or 5 rooms Two said they wanted a smaller house, 1 suffered from bronchitis and arthritis and wanted a bungalow, 1 youngish couple said they did not like their house because it was old fashioned and had an outside w c. and another complained that the house was very cold and cost them too much to heat

If sufficient housing were available, these 5 households would qualify because they are at present occupying accommodation too large for their needs

(ii) Non-Council tenants

Five of the households lived in houses with no proper w c., 2 of them having no piped water in the house They all wanted places which were easier to run and had proper amenities and would certainly qualify under the Council's criteria

Of the remaining 9 households 6 had no serious need of rehousing They expressed a desire for smaller accommodation, or wanted to live in another part of the district but as they all had reasonable housing they would not appear to qualify The 3 cases that would benefit from being rehoused are shown below

(a) Widow of 71 living with her daughter whose husband had left her, 4 grandchildren and 1 great grandchild in a 5 roomed house She suffered from heart trouble and was very unhappy because the teenagers among the children treated her badly *The only reason she had not applied for*

(b) ... amp Husband ... y said that they had been offered a bungalow but had refused because it had only 1 bed room and because it was not near a phone which was essential because of

the husband's condition. They had now been crossed off the waiting list because they had failed to return an application form because they had been way.

(c) Couple, the wife having poor eyesight and suffering from arthritis as a result of which she had difficulty with stairs and could not use the upstairs bedroom.

Thus among this group of people who want to move, 13 households would qualify for rehousing under the Council's present criteria.

Those who do not want to move, but would accept a Council place

Six of the households were already living in Council accommodation, 3 of these having more rooms than they needed. Since, however, all of these people were in their 60s and none were having any difficulties managing, there would not seem to be any reason for rehousing them in view of the shortage of purpose-built accommodation. In fact 1 couple in their early 60s, living in a 5-roomed house, had applied for a transfer to an old person's bungalow, but had been refused because they were too young.

Of the households living in non-L.A. housing only 1 was living in the kind of conditions that would qualify them for rehousing. This was a widow of 83 and her employer, a widower of 80, living in a 3-roomed house which had no w.c. The woman had bad legs and was housebound.

All the other people who said they would accept a Council house were in fact living quite comfortably and were happy in their present accommodation although they reacted favourably to the idea of being offered L.A. accommodation.

Thus among those old people in the general sample who would like a Council place, we have found 14 households who actually need one by the L.A. criteria. This is equivalent to 53 households in the whole of the Rural District, which gives us a total estimate, including those at present on the waiting list, of 69 units of old person's housing needed.

B Oakham Urban District

The Surveyor and Public Health Inspector is responsible for the lettings and management of the Urban District Council's housing accommodation, and supplied the following information on the housing for elderly people provided by the Council.

1.0 PRESENT POSITION

On November 11th 1965 there were in the Oakham Urban District 6 warden-supervised old persons' bed-sitting room flats and 2 blocks of 1- and 2-bed-room flats without a warden, used predominantly for housing elderly people. In these 2 blocks there were altogether 14 flats, half with 1 bedroom and half with 2 bedrooms and 3 of the flats were occupied by people under retirement age.

1.1 WAITING LIST

There is no separate waiting list for old people's accommodation. The waiting list is divided into 4 categories; list 1 is for local residents, list 2 for those who work, but are not living in Oakham, list 3 for service people and those who

have some connection with Oakham, and list 4 for those with no connection with the town at all To date, no one has ever been housed off list 4 All the old people are on list 1, and easily identifiable Although the Committee has ruled that, before being accepted on to lists 1 and 2, applicants should have lived, or worked, in the town for at least a year this rule is not absolutely rigid

There were in November, 26 applications from people aged 60 and over on the waiting list, but as the Council had done no building for 3 years many people did not bother to put their names on the list, so this is not a true reflection of the numbers desiring rehousing The Public Health Inspector anticipated that as soon as some proposed new schemes were started there would be a considerable increase in the number of applicants

1 2 ALLOCATION OF ACCOMMODATION

Allocation of accommodation is done by the Housing Committee partly on people's own expressed preference for a particular type of accommodation and partly on the Committee's own personal knowledge of the applicants As there is so little accommodation for elderly people at present, and there has been no new building for 3 years there has, of course, been little opportunity to exercise any scheme of priorities

It is the Council's policy to offer smaller accommodation to elderly tenants whose family size has decreased but no coercion is used to get them to move against their will Frequently, mutual exchanges are arranged, and mostly elderly people move at their own request Their reasons for wanting to move are to get away from stairs, away from a garden and sometimes to a place at a cheaper rent (This does not always apply as some of the flats are as expensive as the older family dwellings) No one has ever been housed direct from Part III accommodation, although such an application made personally by an old person would certainly be given consideration

1 3 WARDEN SUPERVISED DWELLINGS

The 6 bed sitting room flats are on the ground floor of a 3 storey block with family flats above Each old person's flat is self contained, with its own kitchen, bathroom and w c , and outside store shed Heating is by means of a solid fuel fire in each flat with a back boiler for hot water There are no communal rooms The warden who is part time lives in a flat in the same block and is responsible for calling a doctor or relative in an emergency, and for seeing that the old people are all right There is a bell system of communication between the old people's dwellings and the warden's flat

These dwellings qualify, as with the Rural District Council's old persons' bungalows for a £30 a year grant from the County Health and Welfare Committee

1 4 FUTURE PLANS

There are no flats under construction, but 2 schemes for older people are being planned One for 28 warden supervised 1-bedroom flats is expected to be completed in about 18 months' time, and the second, involving about 10 units of accommodation is still in the discussion stage, and is unlikely to be completed in less than 2 years

Due to a road-widening and new bridge scheme there is an area in Oakham due to be redeveloped in about 1970. It is estimated that this will result in 30 elderly tenants having to be rehoused. It is not known yet whether there will be any housing provided in the redevelopment area. The area involves Westgate, William Dolby and John Streets and half of New Street.

Because there has been no Council building for 3 years and people have not come forward to put their names on the waiting list, the Public Health Inspector thinks there is a considerable unsatisfied demand for housing for older people. Added to this there are a number of elderly people in family accommodation who would like to move to smaller dwellings when they are available.

2.0 INTERVIEWS OF THOSE REHOUSED

As the numbers involved were small, an attempt was made to interview all the people living in old persons' accommodation.

The 6 warden dwellings were let at the time of interview to 2 married couples and 4 persons living alone. However, 1 of the occupants, a widow of 70, had just been admitted to hospital with pneumonia and the interviewer was informed that she was unlikely to return home. Also 1 of the married men was not included as he was too ill to be interviewed, but information was obtained from his wife.

Of the 11 non-supervised dwellings, 1 was found to be ineligible, containing no person aged 60 or over, but all the other occupants were interviewed with the exception of 1 married man who was working full-time and could not be contacted, although his wife was interviewed.

Thus in Oakham Urban District, 17 people (15 households) were interviewed, all but 1 of the eligible households.

2.1 WHEN REHOUSED

Nine of the households had been rehoused within the last year, 3 of them 5 years previously, and 3 nine years previously. All were aged 60 or over when rehoused.

2.2 AGE, SEX AND MARITAL STATUS

Two men and 15 women were interviewed, 3 being aged 65-69, 8 aged 70-79 and 6 aged 80 or over.

Six were married, 9 widows and 2 single women. All the old people living alone were female.

Before being rehoused, all the informants had the same household composition, i.e., living alone or with their spouse only.

2.3 LENGTH OF TIME LIVING IN OAKHAM

All of the informants had lived in the town for at least 10 years, 12 of them for more than 40 years.

3.0 TYPE OF PREVIOUS DWELLING

Twelve of the households had previously been living in privately rented accommodation, 1 had been an owner-occupier, 1 lived rent free in a flat above the offices where she worked, and 1 lived in a 5-roomed Council house.

This lady said she moved because she was annoyed by the children living near her previous house She did not have to wait to be rehoused when she applied and now has a 2 bedroom flat

4 0 ACCOMMODATION AFTER REHOUSING

4 1 TYPE OF ACCOMMODATION
Five of the households interviewed were living in the warden supervised flats 7 in 1-bedroom and 3 in 2 bedroom flats

4 2 HEATING
All of the flats are heated by means of solid fuel fires, but 8 of the 15 house holds said that they had an electric fire as well Three of them stated that they could not keep the place warm enough in the cold weather due to draughts.

4.3 DISTANCE MOVED FROM PREVIOUS ACCOMMODATION
Eleven of the households had moved a journey of 15 minutes or less from their previous home, the other 4 moving between 16 and 30 minutes away None of these had been unhappy about moving as far as this

5 0 DID REHOUSED WANT TO MOVE?
Five of the old people said that they had had to move—4 being in need of somewhere to live, and on the waiting list for less than 6 months, the other having to move because of bad health—she was on the list for between 6 and 10 years The reasons for moving will be examined in greater detail later on

6 0 LENGTH OF TIME ON THE WAITING LIST
Apart from the woman mentioned previously who was never on the waiting list, 7 of the households had been on the waiting list for under a year, 2 for 1 and 2 years, and 4 for 5 years or more 1 could not remember how long

7 0 WARDEN SUPERVISED ACCOMMODATION
As the Housing Department says because of the small amount of housing available there is little opportunity to exercise any scheme in the allocation of dwellings, and the old people in the warden accommodation do not differ in any marked ways from those in the other dwellings One person in each type of housing was housebound, 3 of the 11 persons in ordinary accommodation had difficulty getting out and about compared with 1 out of the 6 in warden supervised dwellings.

8 0 OTHER WELFARE SERVICES
There has been a large increase in the use of other welfare services since rehousing, as is shown below

Number receiving	Before	After
Home help	1	3
Meals-on wheels	1	3
Welfare chiropody	1	5
Health Visitor	1	3
District Nurse	1	2

However, 8 of the rehoused were not receiving any of the above services either before or after rehousing, and 3 more had experienced no change. The increased use was confined to 6 persons who had all been rehoused at least 5 years ago, and therefore their need had probably increased with age, and not necessarily as a direct result of their move.

9.0 VIEWING THE ACCOMMODATION AND MOVING

Two of the informants had not seen over their new flat before they moved in, both of them being housebound. 3 had been shown over by a member of the Housing Department, the others having been given the key to go by themselves —quite a few said they had been shown round by the builders on the site.

All said they had long enough to make their arrangements before they were required to move in, and none had had any difficulty with the move, either in getting mains services laid on or with the actual removal.

10.0 ASSESSMENT OF HOUSING NEED ON LOCAL AUTHORITY CRITERIA FOR REHOUSING

The reasons given by the 15 households for their move are detailed below:

Two married couples and 2 widows said they had to move because their previous houses were condemned. All had been on the waiting list for less than 6 months.

Two other women said they moved because of bad housing conditions. 1 said her previous house was very wet, had no water supply in the dwelling and an outside w.c. The other complained of the dirt and cold, and also had no bath and an outside w.c.

One woman had to leave accommodation which went with her job when she had to leave because of bad health.

Six people, including 1 married couple, said they moved because their previous accommodation had become too big for them; 5 had been living in privately rented houses and 1 was an owner-occupier; all had 5 or more rooms. 3 of the households had all amenities, the other 2 having no bath and an outside w.c. All these informants now have difficulty with stairs.

One couple said they moved to be nearer their daughter. They had previously been living in a 5-roomed house with an outside w.c. and had been on the waiting list for 6-10 years.

One lady had been living in 1 room sharing all amenities, and wanted a place of her own, and the last case was the previous Council tenant mentioned earlier.

In addition to the people who needed somewhere to live when their previous accommodation was no longer available, the main causes of housing need were lack of amenities, or living in too large a house and having some difficulty with managing stairs.

10.1 WAITING LIST

Let us look at the people on the waiting list at present to see if their reasons for wanting a move are similar.

There were 26 applicants aged 60 and over on the Urban District housing list. Of these, 1 had moved away from the town and 1 refused to be interviewed but said that she was on the waiting list. The remaining 24 households consisted of 22 single elderly people and 2 married couples, a total of 26

persons interviewed However, at the interview, 5 of the old people said they no longer wanted to move and would not accept a Council place 2 of these had applied for rehousing at a time when they were feeling particularly depressed, 1 because of the death of her husband, the other during one very bad winter, but were now happier 1 was an owner occupier and said she could live more cheaply remaining where she was, another owner-occupier aged 92 seemed unaware that her name was on the list, and the last lady said she had never heard from the Council and was happy where she was All 5 were living in adequate housing and seemed to be managing quite well

Age and sex
Apart from the 2 married couples, all the applicants were female 10 were aged between 60 69 and 11 aged 70 80 They were therefore considerably younger than the sample of those who had been rehoused

Household composition
Most of the informants were living on their own, the exceptions being a widow who had been staying temporarily with her sister since her husband died and the other living with her 40 year old son both of them wanting to move

Length of time on the waiting list
All of the applicants had applied for rehousing at least 6 months previously, but 13 had applied within the past 3 years Only 3 said they had applied more than 5 years ago

Reasons those on the waiting list want to move
The most frequent reason given for wanting to move was bad housing conditions—13 people (11 households) gave this reason Of these, 7 households had no bath and outside w c.s, 3 of these having no water supply in the house, using outside wash houses

The other 4 households complained of damp and draughts but had sole use of all amenities and therefore do not seem to require rehousing urgently

Five women were living alone in 5 roomed houses and wanted a smaller place, 2 of them being owner occupiers 4 had all amenities in their present house, the other lacking a bath and indoor w c. 3 had difficulty with stairs

One lady was living in 2 rooms in a house, sharing all amenities She had gone there after leaving a private nursing home in which it had been too expensive for her to stay

Another woman was staying temporarily with her sister until she was rehoused She now wanted a home of her own.

The last case was a woman, working full time and living in a Nursing Home She wanted a place of her own so that she could get away from the Home after working hours, because when she stayed, there were always jobs for her to do

Thus for those on the waiting list, as for those already rehoused, the main reasons for wanting to move seem to be the need for a smaller place and the lack of amenities, 15 of the 19 households interviewed qualifying for these reasons.

10.2 NEED AMONG OLDER PEOPLE IN OAKHAM URBAN DISTRICT

In the general sample of 232 people of retirement age in Oakham Urban District, 56 said they would accept Council accommodation if it were offered to them. Of these 10 were also on the waiting list and have therefore already been examined, 21 said they would like to move but the remaining 25 were not at present thinking of moving.

Those who want to move and would accept a Council place

The 21 people in this group represented 19 households as follows:

Council tenants

Three of the households who said they wanted to move and would accept an offer of Council accommodation were already living in Council houses.

One couple were Council tenants because the house they were living in had been acquired by the L.A. for slum clearance.

The other households were living in 4-roomed flats and wanted to move because the rents kept going up and they were finding them difficult to pay.

These 3 households would therefore seem to qualify for transfer to smaller old persons' dwellings.

Non-Council tenants

Three households were living in houses due to come down for development schemes, when the Council would have to rehouse them.

Eight households were living in rented houses with 4 or 5 rooms, but with no bathroom, or inside w.c.s.

Two of these consisted of younger married couples living with their unmarried children—in fact in both cases the wife only was interviewed because the husband was aged under 60. One needed rehousing because they were overcrowded, and needed ordinary L.A. accommodation, not special housing. The other had no difficulties but wanted a house with proper amenities, but in view of their ages would not seem to qualify for purpose-built accommodation.

The needs of the remaining 6 households which lacked amenities varied considerably, the worst being a woman of 68 who had some difficulty with movement herself and had in her care a teenage grand-daughter who was severely crippled, but all 6 would seem to qualify for rehousing on the grounds of lacking inside w.c.s.

The 5 households which had proper amenities in their houses did not appear to qualify for any other reasons, wanting to move because they could not afford the rent, disliked the neighbourhood, wanted a more modern house, etc. Therefore in the general sample, among those that want a move, there are 12 households who would qualify for, and accept, a Council place.

Those who do not want to move, but would accept a Council place

There were 19 households in this group. Two were already Council tenants, 1 single woman living alone in a 4-roomed flat where she seemed to be managing quite happily, and a married couple living in a 6-roomed house; the husband having very bad eyesight had difficulty with the stairs and said he would like a flat, so they would qualify for a smaller purpose-built dwelling.

Three households lacked a piped water supply to their houses as well as having outside w c s, but 2 of them seemed quite content despite this The third couple, however, had been told that they would have to be rehoused sometime for slum clearance

Five more households did not have indoor w c s but in 3 cases this did not seem to worry the informants at all and they were quite happy with their accommodation One lady of 79 living alone in a 4 roomed house had con siderable difficulty in getting out and about and doing housekeeping and would probably benefit from rehousing, another old lady of 83 was living with her daughter and son in law who both worked full time She had considerable physical difficulties due to a series of operations and disliked being on her own all day—she did mention in passing that she would like an old person's bungalow and would probably benefit from rehousing in a warden scheme The other households when they said they would accept a Council place were mostly thinking of possible future need and were happy and comfortable in their present accommodation There was 1 exception—a married couple in their early 60s who were living rent free in a house tied to the husband's employment This was an extremely damp cottage with no mains gas or electricity, which was very isolated and she said difficult to keep clean How ever, they did have piped water and an inside w c. and since she had no health problem they would not qualify at present, although they will need housing at a later stage when the husband retires

We have found among our sample of people who say they would accept a Council place, 16 households who would qualify under existing criteria which is equivalent to 63 households in the whole of the Oakham Urban District When we include the households who are on the waiting list the total estimate of need is for 78 units of accommodation

11 0 COMPARISON OF THE OAKHAM RURAL AND URBAN DISTRICTS

Unlike the Welfare schemes and Home Help Service which are organised by the Rutland County Council for the whole county housing policy is the res ponsibility of the District Councils and for this reason we have had to consider Oakham Rural and Oakham Urban Districts separately

However it was found that the criteria adopted by the two Housing Depart ments were very similar, the main causes of housing need being inadequate, old and sub standard housing another factor being poor health usually indicated by old people having difficulty with stairs

Only 1 of the rehoused in the Urban District had previously been a Council tenant and there were none on the waiting list, compared with 10 households rehoused and 1 on the list in the Rural District

A comparison of the housing situation for the 2 areas is shown below

	Rural		Urban	
No of persons of retirement age—Census 1966	1 120		920	
No of households containing persons 60+ in old people s accommodation at time of interview	39 (3 5%)	108 (9 6%)	15 (1 6%)	93 (10 1%)
Estimated no of households qualifying for rehousing	69		78	

If we take the sum of the last 2 figures as the total housing requirement in each district, we find that the amount of housing needed expressed as a percentage of the number of people of retirement age is similar for each district, although the proportion of housing provided in the Rural District is double that of the Urban.

III OTHER HEALTH AND WELFARE SERVICES

The County of Rutland set up a Welfare Department just over a year ago, the duties of County Welfare Officer being taken by the M.O.H. At the same time, a Social Welfare Officer, responsible to the M.O.H. was appointed. Prior to the setting up of a Welfare Department some of the services for elderly people were run by voluntary organisations, such as the W.R.V.S., Inner Wheels, Rotary, etc., all of which are still very active in the field. The information on the existing, and planned, services was supplied by the M.O.H. and the Social Welfare Officer on November 10th and 11th 1965.

1.1 HEALTH VISITORS

There is an establishment of 4 Health Visitors, but there were only 2 on the staff in November. At the time they each dealt with half of the County, and most of their work was with cases involving children. A third Health Visitor is being appointed as from January 1st 1966, and will be attached to a doctor's practice. The M.O.H. hopes that in the future all the Health Visitors will be attached to G.P. practices, and that they will do more visiting of the elderly.

1.2 HOME NURSES

In November there were in Rutland as a whole 6 full-time Home Nurses and 1 part-time, who in fact was working full-time. The Home Nurses, who are also the District Mid-Wives, only go to cases referred to them by G.P.s. The areas covered by the Home Nurses do not coincide with the administrative areas of the District Councils, but the M.O.H. estimated that about half of the nurses work in the Oakham Urban and Rural areas.

Between a quarter and a third of the cases the nurses call on are old people. The records do not show the number of visits made, only the total number of different people dealt with in the county in a year. Assuming that the number called on in the area covered by the survey is roughly half the total number (the number of old people in the area in 1961 was just over half the number in the county as a whole) about 125 old people were attended by the nurses in 1964.

1.3 TRANSPORT FOR HEALTH VISITORS AND HOME NURSES

All the Health Visitors and Home Nurses have the individual use of a car, either of their own, or one belonging to the County. The County lends money at a favourable rate for those wishing to buy their own cars.

1.4 HOSPITAL BEDS

Rutland falls within the area of the Sheffield Hospital Board and the Health Department acts as the agent for the Chronic Sick Bed Bureau for the County.

All cases referred for admission to a chronic sick ward are investigated either by a Health Visitor or by the Social Welfare Officer to assess the need Patients from the Oakham area usually go to the local hospital, Catmose Vale, where there are 45 beds or occasionally to Melton Mowbray (Leicestershire)

In sending old people to hospital, their own preferences are taken into account, and the M O H was not aware of any very great problem in getting old people admitted The Matron of Catmose Vale has people 'up and about' as soon as possible, and there is a reasonable turn over of beds at the hospital

1 5 CHIROPODY

There are 3 chiropody clinics in the area, 1 in Oakham, 1 in Langham (Oakham Rural District) and 1 held at Lonsdale House All 3 are held once a month *There is another at Morcott and 1 in Uppingham which serve some* people from Oakham area The 1 in Oakham is already full, and the Langham clinic, because of transport difficulties cannot adequately serve the rest of the area. Some old people have to travel between 5 and 10 miles to get to a clinic, and although car owners do volunteer to provide transport, as the case load increases it is likely to become more difficult to find volunteers. Apart from the transport difficulties, the total number of hours at present is inadequate

The M O H thinks the department may have to provide the transport to enable old people to get to the clinics in future He asked if in the survey it would be possible to find out whether people thought they would be able to get into Oakham or Langham to attend a clinic and if so how

1 6 *MEALS ON WHEELS*

The only meals on wheels service is in the Oakham Urban area It is run by the W R V S who are able to deliver two meals a week to 15 people at a charge of 1s 6d a meal The County Council and the Oakham Urban District Council make a contribution towards the cost of running the service Although at present no more than 15 people can be helped the Social Welfare Officer did not think there was anyone in the area going without a meal

1 7 INCONTINENT OLD PEOPLE

There is no special laundry service for the incontinent Incontinence pads are provided by the Health Department, and issued either by the Home Nurses or by the Social Welfare Officer At the time there were about 20 people in the *county being issued with pads*

1 8 HOLIDAYS

In previous years the Health Committee arranged and paid for 'recuperative' holidays on the recommendation of the Health Visitor or family doctor This is now the responsibility of the Social Welfare Officer who personally took 37 elderly people down to Southbourne in October for 1 week The old people paid for themselves, £12, which included door to door travel by coach and 2 or 3 outings It was very successful, and a similar arrangement will be made next year

The Inner Wheel arrange some holidays for elderly people, and the British Red Cross Society organise holidays for the handicapped, which includes some elderly people

1.9 OLD PERSONS' CLUBS

The Social Welfare Officer has been organising clubs for old people in the villages. She thinks there is a great need for these in the rural area to get people out of their homes, to mix with others and, by arranging inter-club activities, enable them to get to know people in other villages. The activities include bingo, handicraft sessions, wine tasting, outings and the showing of slides. There is some difficulty in finding suitable club leaders, but none of the clubs are short of money, which they get partly by fund-raising ventures, and partly from donations. At the time of the survey, there were 3 established clubs in the area, 1 in the Urban and 2 in the Rural District. In the rural area there is a club in Empingham run by the British Red Cross Society.

1.10 PROVISION OF MEDICAL EQUIPMENT

The British Red Cross Society run a loan service of medical equipment, but the M.O.H. is not entirely satisfied with the arrangement, and is considering suggesting the County take it over.

1.11 ELDERLY BLIND AND DEAF PERSONS

The elderly blind in Rutland are cared for by the Leicestershire and Rutland Association for the Blind, and the deaf by the Northamptonshire and Rutland Mission for the Deaf. The County Council makes a grant to both those bodies.

1.12 WORK OF THE SOCIAL WELFARE OFFICER

The Social Welfare Officer is responsible for seeing to the welfare of all elderly and handicapped persons in Rutland. Because much of the work for the handicapped is being done by the British Red Cross Society and the Associations for the Blind and the Deaf mentioned above, she has concentrated since her appointment on the elderly.

As this was a new appointment, she had both to find and get to know the old people in need in Rutland. This she did by getting in touch with the G.P.s, voluntary organisations, etc., and, when visiting, making enquiries about other old people in the area. She has got to know about 300 old people in the Oakham Urban and Rural areas. When she visits she leaves a card that they can post to her if they wish her to call for any particular reason. She has found that many of the old people are not used to a Welfare Officer and are very often unaware of their own needs.

She mentioned a particular case of a man on his own, aged 92, who was living in a stone cottage in 1 of the villages. When she visited him, she found he had only 2 thin blankets on his bed. He said he was not cold in bed, but after she had given him extra bedding, said he had never been so comfortable in bed before. He also said he was not lonely and did not want a visitor, but is always reluctant to let her leave.

In arranging help for old people, the Social Welfare Officer is able to tap the resources of voluntary organisations in the area. The boys from Oakham School do a lot in the town for old people, gardening, window cleaning, shopping, etc. Apart from helping cases referred to them, they have carried out their own survey to find old people in need. Pamphlets were put through each door asking people to let them know of any old person who might be in need of assistance.

1 13 CO-ORDINATION OF VOLUNTARY SERVICES

In Rutland there is a large amount of voluntary help for old people, both from voluntary bodies and from individuals For instance, there is never any difficulty in getting TV sets or radios, clothing or bedding for old people. There is also a tradition of neighbourly help, which means that no old person need go without a meal, or have no one to do the shopping The problem which faces the Welfare Department is to channel and co ordinate the voluntary help, and to find the real needs of the old people As mentioned previously, many old people are unaware of their own wants

One unsuccessful attempt has already been made to set up an Old Persons' Welfare Council, and the M O H aims to have another try Many of the voluntary workers do not realise the need for co ordinating their efforts

IV RESIDENTIAL HOMES

1 0

There is only one Residential Home run by the County Health and Welfare Committee in Rutland This is Lonsdale House at Oakham (It used to be called Studd House, and is still referred to as such by some people) The District Welfare Officer, who is responsible for admissions and administration, supplied most of the following information Supplementary information was provided by the M O H.

There are at Lonsdale House 60 residents in 2 blocks, 1 with 28 beds and 1 with 32 beds In November there were 20 residents who had come from the Oakham Urban District Council area and 16 from the Oakham Rural District Council area During the preceding 12 months, 6 had been admitted from the Urban area and 3 from the Rural

There is a private Residential Home in the County, Barleythorpe Hall which is restricted to Methodists who apply to go in voluntarily If someone for whom the County would normally accept responsibility is admitted it will pay a grant in respect of that person, but the County cannot apply for people to be admitted At the time the information was sought, the County was not making any grant to Barleythorpe Hall

1 1 WAITING LIST AND ALLOCATION OF PLACES

There are at present 5 people (all women) on the waiting list for Lonsdale House 2 are living in their own homes, 1 in the Oakham Urban area and 1 in the Rural area, and 3 are in a geriatric ward of the local chronic sick hospital, Catmose Vale Only cases recommended by a doctor are considered for admission, and each case is investigated either by the Social Welfare Officer or by the District Welfare Officer The 2 people living at home are visited weekly by the Social Welfare Officer, and the matron of Catmose Vale keeps the District Welfare Officer informed about the people in hospital Admission to Part III Accommodation is considered as a last resort, and since the provision of the old persons' bungalows with warden supervision, the waiting list has become shorter

In allocating a place, preference is given, if possible, to people living in their own homes The hospital, however, is able to exert pressure on the County to accept its people by only offering beds to cases in Lonsdale House needing hospitalisation on an exchange basis

1.2 ACCOMMODATION AND STAFF AT LONSDALE HOUSE

The Residential Home is a converted house, with accommodation on 3 floors. As there are no lifts, this presents considerable difficulties in fitting people in. There are no S.R.N.s at the Home but there are two State Enrolled Nurses. Apart from cases needing nursing care, which are sent to the hospital, and then if considered fit enough put on the waiting list for Part III Accommodation, the staffing has not imposed any restrictions on admission to Lonsdale House. There are in fact a few mentally confused old people in residence.

1.3 DISCHARGE FROM LONSDALE HOUSE

The District Welfare Officer said that residents are rarely considered fit enough to be discharged from Lonsdale House to their own homes. One of the problems in their own homes is the lack of night supervision. In fact he only knows of 2 in the last 14 years who were discharged, and these were both admitted suffering from malnutrition.

There are a number of residents waiting to be admitted to a chronic sick hospital. Although Leicestershire hospitals accept people from Oakham, most are anxious to remain in the area to be near friends and relatives, so are waiting for places at the local chronic sick hospital, Catmose Vale.

1.4 SHORT-TERM STAYS

Short-term stays, up to about a month, are arranged for old people so as to give relatives some relief. One person who came in on a short stay liked it so much that she asked if she could stay on, and is now a permanent resident. If residents go away for a holiday their beds are used for short-term stays. There are on an average 2 short-term stays per year.

1.5 FUTURE PLANS

The existing premises are due, in the future, to be taken over by the neighbouring school. Lonsdale House will be replaced by 2 new Homes, each catering for 30 people, 1 at Ketton and 1 in Oakham. The new homes, being purpose-built, will be single storey if possible, with single or double rooms only. They will each have a community hall to accommodate old persons' clubs, and spare rooms, if possible, for short-term stays. These rooms could also be used for people who may wish to come in for a short time to see if they would like to become permanent residents. Neither of the new Homes have yet been started, and they are unlikely to be completed within the next 18 months.

The M.O.H. said that although he has authority to provide 80 places, he thinks that with the increase of warden-supervised housing for old people, there is no need for more than 60 places in Part III Accommodation at present. He is keeping the 20 extra places in reserve in case a small Home for mentally handicapped old people is needed.

2.0 THOSE IN RESIDENTIAL HOMES

Of the 20 Oakham U.D. and 16 Oakham R.D. residents, 1 man and 2 women were under 60 at the time of interview and have been omitted. A further 2 men had been under 60 years old at the time of admission. 1 of these men had been admitted at the age of 52, on the death of his mother, as he was

mentally retarded The other, who had been in 3 or 4 months, had run away from the Home 4 weeks before the interview was due to take place

Of those remaining 3 women and 2 men could not be interviewed as they were mentally confused 3 being over 80 years old 1 of these was however, a younger man of 61, who was prematurely senile 1 woman of 81 was too ill to interview, 1 aged 78 was suffering from the shock of a recent fall and also was incapable of speech and another independent lady of 90 declared that 'she had no time for busybodies and was too old to have people quizzing her' 1 lady was partially interviewed but was very frail after a stroke, and the interview was discontinued

Twenty two people (10 from the urban and 12 from the rural area) were fully interviewed

2.1 AGE OF RESIDENTS

Table 1 shows the ages of residents now, and when they were admitted

TABLE 1

Age of residents now, and at admission

Age group	At admission			At time of interview		
	Men	Women	All	Men	Women	All
Under 60	1	1	2	—	—	—
60–69	5	—	5	3	1	4
70–74	4	2	6	4	—	4
75 79	1	6	7	1	3	4
80–84	2	7	9	1	6	7
85 and over	—	3	3	1	2	3
All age groups	13	19	32*	10	12	22

*Includes 10 people not interviewed

Nearly half the men were admitted before the age of 70 and it was noticed that all these early admissions came from the Urban District Most of the admissions of women were made when they had reached the late 70s or early 80s

Of the 13 men 10 were admitted from Oakham Urban District while 7 of the 19 women had lived in the town

2 2 MARITAL STATUS

Most of the men and one third of the women were unmarried the rest being widowed at the time of interview 2 people (1 man and 1 woman) had been married when they first became residents The woman had been living with her husband when they were both taken to hospital where the husband had died after which she was taken into the Home The man had gone into the Home at the suggestion of his wife and doctor as he couldn't look after him self and was presumably too much for his wife who had since died

3 0 ATTITUDE OF RESIDENTS TOWARDS THE HOME THEY ARE IN

3 1 WILLINGNESS TO BECOME RESIDENTS

Thirteen of the 22 people interviewed said they wanted to become residents,

a higher proportion of women residents (9 out of 12) said they wanted to go into a Home than did men (4 out of 10).

The main reason given for wanting a place in a Home was the need for care and attention (11 of the 22 answering), 3 (all women) wanted more company, and 4 were having housing difficulties.

3.2 WHO SUGGESTED BECOMING A RESIDENT

While 13 people had said they wanted to become residents, only 3, all women, said it was their own idea. Doctors and hospitals were the ones most likely to suggest a Home (12 cases), while the first suggestion was made by the Welfare Officer in 2 cases only, both men. In 5 cases a relative had prompted the idea, in 3 of these the relative was not living with the resident.

3.3 LENGTH OF TIME ON THE WAITING LIST

In more than half of the cases, admission was made immediately. 18 of the 20 residents who could remember how long they had been on the list had waited less than 6 months, most of them only a week or two.

3.4 PRE-KNOWLEDGE OF WHAT TO EXPECT

Most of the residents regarded coming to the Home as a permanent arrangement, only 2 saying they had come in for a trial period.

Two of the residents had gone to see over the Home (it was their own idea) and 2 others said they knew what it was like, 1 having worked there.

Only 1 resident who had not seen the Home said she had been told what to expect, but this was in the nature of general reassurance that she would like it, and she was not sure whether this had helped her settle in or not.

3.5 WHETHER RESIDENTS LIKE THE HOME THEY ARE IN

Fourteen of the 22 residents said they liked the Home, a further 3 saying they liked it, with qualifications. 4 said they had no choice but to like it, but made no specific complaints. The only 1 saying she did not like it was a 77-year-old woman, who complained that, while the staff were very good, some of the men residents with whom she had to sit were rude and disagreeable.

3.6 DISTANCE AWAY

Eight of the 22 residents were less than 15 minutes way from their old home, but in 7 cases the distance was over half an hour away, including 2 where the journey would take 1 hour or more.

Only 4 residents regarded the distance as a drawback, all having previously lived in the Rural District, and all saying they missed their friends.

4.0 LIVING CONDITIONS BEFORE ENTERING THE HOME

4.1 PREVIOUS ACCOMMODATION

Nineteen of the 22 residents had occupied a whole house before they entered the Home (including 1 man who had had a bungalow). 1 had lived in rooms, another had worked in an orphanage all his life, and 1 man had been a tramp, living in lodging houses from time to time. 3 residents had been owner-occupiers, and 2 men had lived in Local Authority housing, although 1 had not

himself been the tenant 3 men and 1 woman had lived rent free, 2 had been boarders, the rest renting privately

4 2 AMENITIES

Apart from the ex tramp, and the man who had lived in the orphanage, 3 people had only had gas laid on, and one had neither gas nor electricity The latter was in the Rural District, as was 1 other house without electricity, but 2 people having no electricity had lived in the town

All had had some cooking facilities (18 in their own kitchen), but nearly half the residents had had no fixed bath, 4 had no piped water supply and 4 no w c. Most of those with a w c. had it outside the dwelling.

4 3 WITH WHOM THE RESIDENTS LIVED AT HOME

Six of the residents (2 men and 4 women) had been transferred to the Home from hospital, but 1 of these had worked in the hospital all his life, and was probably not a patient Another had been in a private nursing home for a year

Two had been in other County Homes but had lived at home before that

Admissions from hospital

One man and 1 woman had lived on their own before going into hospital The man was 66, and had been taken to hospital after having been knocked off his bicycle He was in hospital 4 months He had been a Council tenant and says his house was given up while he was in hospital and he had nowhere else to go

The woman was 76, and owned a house with all amenities except an indoor w c She was quite active, but getting very forgetful and losing interest in the housework, which she found difficult to do Her sister in law had been a resident here, and she had visited, so she asked if on discharge she could have a place

Another woman aged 79 had been living with her husband, and they were both taken to hospital, where he died They had lived in a rented house, no electricity, bathroom, or indoor w c and she had difficulty getting about and going up and down stairs They had a home help, meals on wheels and the District Nurse and doctor visited regularly She says she would have refused to go into a Home had she been asked, but she was just transferred from hospital

Another 72 year-old woman had been living with and looking after her unmarried son She had lost her sense of balance and could only drink fluids and hardly talk She was taken to hospital with pneumonia, and could not manage her own home and look after her son if discharged home

The last case was a 60 year old woman who had lived with her mother in her own home with all amenities She had been in hospital 'for a very long time—many years' (her mother had since died) and she asked for a transfer to be nearer her brother (It is possible, in view of her age, and the fact that she is quite active, that she was in a mental hospital)

Admissions from own home

Fourteen residents had been admitted from their own homes, 11 having lived on their own

(a) **Living on own**

Three men and 1 woman had been living on their own in the town, and 2 men and 5 women had been on their own in the Rural District.

The men's ages ranged from 65-74, and the women from 74-[illegible]. 3 of the men and 2 women had been single, the rest widowed.

(b) **Living with spouse**

One man, aged 78, had been living with his wife in his own house with all amenities. He was quite active, but it was too much for his wife to look after him. His wife has since died. He is very happy in the Home, but misses his garden.

(c) **Living with married children**

One man of 72 had lived in a 4-roomed [illegible] house with all amenities. His daughter and son-in-law had moved in to live with him, and then when they had children there was no room for him, so he lived with each of his five children in turn, but they thought it best for him to go into a Home.

(d) **Living with other relatives**

One man of 82 had lived rent free with nephews in a house with all amenities, until they suggested he go into a Home. He was quite willing.

(e) **Private nursing home**

A woman of 90 had lived for a year in a private nursing home, and her daughter arranged for a transfer.

(f) **Other cases**

One man had been a tramp, he became a resident at the age of 72.

5.0 ABILITY TO LOOK AFTER THEMSELVES

All the men, and 10 of the 12 women said that before they became residents they had been able to get out and about without too much difficulty. 1 woman who could not get out without difficulty was permanently housebound. None was bedfast.

None of the men, and only 4 of the women residents had had, prior to admission, difficulty with locomotion or self-care.

Two of these women had difficulty going out and 3 in going up and down stairs, but only 1 could not manage to get about the house without difficulty. 3 had difficulty bathing, but all could get in and out of bed, wash and dress without difficulty.

As regards housekeeping, where men were responsible for getting most of their own meals, shopping or housework, they were able to do so without difficulty. Usually another person in the household was responsible.

Most of the women cooked for themselves, only 1 having difficulty which was due to her nerves being upset after the death of her husband.

Five of the women had most of their shopping done by friends and neighbours, and found this quite satisfactory, none of those doing their own shopping having any difficulty.

Housework presented the most difficulty: 10 of the 12 women did most of it themselves, and 4 had had some difficulty. 3 of these women, all over 80, did not have a home help.

5 1 HEALTH AND WELFARE PROVISIONS
Two of the men and 2 of the women had had a home help prior to becoming residents (18%) compared with 4 6% in the general population Two of these 4 people had lived in the Rural District. Another woman in the Rural District had had a home help, but had stopped having her because she said she made more mess than she cleaned up!

Only 1 woman had had meals-on-wheels, which operates only in the Urban District The District Nurse visited 1 man and 2 women, 2 of whom said the visits were only occasional, and 1 man and 1 woman had been called on by the Health Visitor

These numbers are very small, but do indicate that a higher proportion of those who went into Residential Homes were having these services than the old people who remain in their own homes

One man and 8 women had been seeing the doctor regularly, usually at least once a month There is no evidence that the people living in rural areas had seen their doctor less regularly than those in urban areas The proportion of residents who had seen their doctors regularly was almost twice as high as for older people remaining at home

6 0 NEED FOR RESIDENTIAL PLACES
There are 2 points to consider The first is, are the present residents best served by living in a Home, or should they be living in a domestic household, the second is, are there any elderly people who are living in such circumstances that they would be better off in residential accommodation

Let us first consider those now in Residential Homes Since the need for places is measured against the Authority's criteria, there would seem to be no reason to question whether all those people in Residential Homes ought to have been there in the first place From looking at the schedules, however, it was quite clear that of those entering a Home, a number of quite active people have been given places in Residential Homes simply because they had no other place to go

However, what ever the need was when the present residents went into a Home, the important aspect for this survey is whether remaining in the Home is in their best interests

In addition to the 1 woman who had been permanently housebound when becoming a resident, 2 of the men, and 3 more women were now permanently housebound

We have seen (3 1) that some residents wanted to enter a Home because they were lonely, or had nowhere else to go, i e, lack of ability to get around and look after themselves was not the main reason for their wanting to become residents Provided therefore, that present residents have settled down in the Home, and enjoy living there (as most of them do), it is questionable whether it would be in their best interests to suggest they now be helped to set up a home on their own

Perhaps the best measure of whether residents are in the best place for themselves is given by considering only those who do not want to remain in a Home, to see whether they appear capable of setting up homes for them selves

6 1 WHETHER RESIDENTS WANT TO STAY IN A HOME
Only 1 man and 3 women wanted to have a home of their own

(a) The man is 66 years old. He is a widower, who had been living alone in a L.A. house, and had worked in a hospital where his meals were provided. He had been in hospital having been knocked off his bicycle, and while there his house had been given up, so he had nowhere to go on discharge. He wants to leave because he is 'energetic, active and very considerate'. He says he could look after himself, the only help he would need would be financial, having only the retirement pension and a very small army pension. He has only been in the Home a few months.

(b) Single woman, aged 77, who has been in the Home for 2 years. She had been living in the Rural District on her own, in a 4-roomed house without electricity, bathroom or indoor w.c. She is quite active, had no welfare services, but her doctor said it was making her ill being on her own all the time, and if she were ill there was no one to look after her. She went in for a trial period, but the landlord wanted the house, so she had to give it up. She doesn't like the Home—she says she is not very well, and they are very good to her, but she finds some of the men rude and disagreeable. She says her only difficulty would be to furnish a new home, otherwise she could manage.

(c) Single woman aged 76, who had lived in a 2-roomed house in the Rural District with no proper kitchen, bathroom, piped water or w.c. She had had a home help, but stopped her coming after 2 visits. The doctor suggested a Home, as living on her own was getting her down, and she wanted to go to the Methodist Home. She says she is comfortable and well looked after, but wants to live in a little flat, with her own furniture and commode, which they would not let her bring with her. She says she looked after her own little place well, and would only need help in furnishing, someone to clean once a month, and perhaps someone to pop in and light the fire and bring her a cup of tea in the morning. She has been in the Home for a year.

(d) Widow of 91, housebound, due to having a seizure, when she fell and broke her wrist. Has been in the Home for about 9 months, after spending a year in a private nursing home, previously having lived with her married daughter who arranged this transfer. She realises she will not be able to look after herself without help, but she does not like the Home.

It would appear that case (a) could manage in a warden-dwelling. Case (b) admits she is not very well, and may be overstating her ability to care for herself—she has, after all, been in the Home for 2 years. It is rather a pity she has to be in a Home with men, but it might well be a mistake to let her set up a home of her own.

Case (c) could probably manage on her own if she had a centrally heated flat, but not case (d).

If we consider what we know of the 8 residents who were not interviewed. it is unlikely any of these would be able to manage in their own homes.

Looking through the 4 cases where the immediate reason for people becoming residents was accommodation, it was evident that making appropriate housing available, or giving supportive services, would not have been enough to enable them to live in their own homes (except for case (a) above). One man had been a tramp all his life, and was unused to looking after a home; another woman had been in a private nursing home for 4 years after becoming 'homeless' and, since she was 82 when she became a resident, had already got

used to not having to look after herself [illegible]
of her effects while she was [illegible]
at the age of 79 she [illegible]
a home help, meals-on-wheels, [illegible]
She had been living in a [illegible]
indoor w.c., and even if she had [illegible]
own.

6.2 NEED AMONG PEOPLE LIVING IN THEIR OWN HOMES

As was seen in 1.1, there were only 2 women living in their own homes on the waiting list, with an additional 3 women already [illegible] away for 2 months, and it was not possible to interview her. [illegible] widow of 79, who lives in a [illegible] Council house, with [illegible] an indoor w.c. She is quite active, but very deaf and does not [illegible] regularly, but a few weeks before interview [illegible] bad back and her legs got very swollen. She was given a home help [illegible] a day, 5 days a week, and says she does not need her to [illegible] more often, as she likes being on her own. She says she wants to move to a small old person's bungalow, and though she applied for a [illegible] when her back was bad, no longer wants to go in. She was in a [illegible] short-stay patient earlier in the year, and would go back again [illegible] stay 'if they wanted me to'.

If this lady could be rehoused in a warden-supervised [illegible] would appear to be no need for a permanent place for her at the [illegible]

This would leave the 3 patients in hospital, and the 1 away at the time of interview, as possible candidates for places.

6.3 PEOPLE WANTING TO GO INTO HOMES

One man and 6 women living in the rural area, and 1 man and 5 women living in the town say that they have seriously considered going into a Home, and a married couple and a widow say they have considered a Home but not seriously. Of these 16, 1 is on the waiting list and 3 say they are no longer interested, they are a married couple who have applied for places in a private home, and a woman of 79 who thought about it when she was in hospital but now manages quite well, with plenty of neighbours popping in and out for company.

Nine of the people still thinking seriously about a Home are not in need at the present time, but would go into a Home if they became too ill to manage, or other circumstances changed. 4 of them were still in their early 60s.

One man might have needed a Home, but decided that it was cheaper to go as a boarder, and is now settled quite nicely, and another woman who needed care and attention as she was on her own is now living with her son, whose wife says that she is quite happy to look after her now, and does not need help 'as long as she's as well as she is'.

One woman of 64 is living with her sister temporarily, until she finds a place of her own. She is on the housing waiting list, and has been told she stands a chance of getting a place in a scheme to be built shortly.

The last case is a woman of 79 who was troubled with 'nerves' at the death of her sister, and who finds it a bit lonely, especially at night. In hospital she thought of going into a Home, but since

having her 'friends in the village pop in—sometimes 6 or 7 people in a day come for a bit and I go to church and the W.I.', she has changed her mind. She manages her own cooking and housework without difficulty, and her son who lives in the village takes her shopping.

It would seem, therefore, that apart from those in hospital, whom we did not see, there is little need for more residential places to accommodate the old people living in Oakham town or the Rural District.

WORTHING M.B.
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CONTENTS

reached If recruitment were to become easier the Organiser could make a request for a larger establishment

In the past the Council had not advertised for home helps but recently following publicity given to the presentation of two and five year service badges to home helps by the Mayor an advertisement had been put in the local Press This resulted in 12 applicants 8 of whom were recruited and at the time 5 were still being employed

In Worthing recruitment is easier in the winter when hotels and boarding houses are cutting down on their staff

1 7 CONDITIONS OF WORK FOR HOME HELPS AND TRAINING

The home helps are paid on an hourly basis which includes travelling time between jobs but not from home to work Because of poor transport facilities in Worthing the Organiser tries to keep the calls to the home helps except for those with bicycles within their own home areas The home helps mostly work part time the average number of hours per week being 20

The home helps are issued with maroon overalls and badges embroidered with the letters H H to be sewn on to the overalls An attempt had been made to give the home helps some training and to interest them by means of lectures and meetings in the problems of old people It was hoped to extend this in the future and to raise the status of the home help above that of a purely domestic worker

If it were possible to recruit more staff the Organiser said it would in the first place relieve the existing home helps who are often working longer hours than they want to It would also enable home helps to stay longer with the older people some visit as many as 5 old people in a morning

1 8 OFFICE STAFF

At the time the Home Help Organiser and her staff of two clerical workers were responsible for the calculation and payment of wages to the home helps as well as for organising the service keeping records etc It was expected that in future the Borough Treasurer would be taking over the wages which would free one of the clerks to assist with the home visiting The Organiser thought that the existing establishment would then be adequate but that within the next two years the growth of the service would necessitate the employment of an additional member of staff

1 9 FUTURE PLANS

As was previously stated the Home Help Organiser was reorganising the service One of her plans for the future was to employ an old age pensioner for a few hours a week to make and light fires for old people She was also going to start a neighbourly help scheme whereby neighbours wishing to give an old person some assistance could be paid between 10s and £1 19s 11d per week [£1 19s 11d is the most that can be paid before the employer becomes liable for the National Insurance stamp]

2.0 INTERVIEWS WITH PEOPLE RECEIVING HOME HELPS

In order to find out who were being helped and what the home help does for the elderly a sample of people of retirement age having home helps at the time was selected for interview

2.1 THE SAMPLE

Five hundred and eighty-nine elderly people were receiving the services of home helps (2% of the elderly population). A sample of 91 addresses was drawn from the files, at 73 of which successful interviews were obtained with 84 people.

No interviews were obtained at 3 addresses because of refusals, at 3 the home help recipient had died since the sample was drawn and at 1 the person was away at the time. 9 addresses proved to be ineligible, mostly because the householders were no longer receiving the service. Not in all the cases were reasons given for the discontinuance of the service, but in 4 the respondents cancelled the home help themselves. One said it was because the home help could only attend between 12 noon and 2 p.m. and the respondent did not like having the cleaning done while she was having her meal. Another complained that the home helps were always changing and that they did not do the work properly, and two had made alternative and satisfactory arrangements. One person who had not renewed her application for a home help was considering re-applying.

At 2 addresses the home help recipients were unable to answer the questions and proxy interviews were obtained from the people responsible for caring for them, in one case the husband, and in the other the daughter. These two proxies have been included in the analysis for factual questions only, together with a third proxy obtained in a household where another member had already been interviewed successfully.

Thus for factual questions the sample is 87 people, 75 households, and for non-factual material, where the proxies have been excluded, 84 people, 73 households.

2.2 NUMBER OF DAYS AND HOURS PER WEEK SERVICE GIVEN

Only 1 out of the 87 people in our sample said the home help called every day, while 36 people had the home help for only one day a week. The number of days a week elderly people had the services of a home help is shown in table 1.

TABLE 1

Number of days a week home help calls

No. of days	Households		People	
	No.	%	No.	%
1	30	40	37	43
2	18	24	21	24
3	11	15	12	14
4	1	1	1	1
5	9	12	10	11
6	5	7	5	6
7	1	1	1	1
All visits	75	100	87	100

The number of hours per visit ranges between $\frac{1}{2}$ hour and 2 hours, the most usual length being 1 hour, as will be seen from table 2.

TABLE 2

Length of time home help stays per visit

Length of time per visit	Households		People	
	No	%	No	%
½ hour	2	3	2	2
1 hour	38	51	42	48
1½ hours	25	33	32	37
2 hours	10	13	11	13
All visits	75	100	87	100

The number of hours a week spent by home helps at households with elderly people is shown in table 3

TABLE 3

Number of hours per week home helps assist elderly people households

No of hours per week	Households		People	
	No	%	No	%
1 hour	23	32	28	32
2 hours	16	21	18	21
3 hours	18	24	21	24
4 hours	7	9	8	9
5–6 hours	9	12	10	12
7–8 hours	1	1	1	1
9–10 hours	1	1	1	1
All visits	75	100	87	100

Almost one third of the people receiving home helps only had them for 1 hour per week[1] and over 75% of the sample had a home help for less than 4 hours per week

TABLE 4

Tasks performed by home help

Tasks performed	Households		People	
	No	%	No	%
Dusting/polishing/sweeping	69	93	80	93
Shopping	23	31	23	27
Collecting pension	5	7	5	6
Going to laundry/laundrette	—	—	—	—
Doing some laundry in house	12	16	12	14
Laying fires/filling scuttles etc	30	59*	34	57*
Making beds	23	31	26	30
Getting light meals	9	12	11	13
Making tea or coffee	7	9	8	9
Washing up	17	23	19	22
Help wash/bathe	1	1	1	1
Clean floors	70	95	80	93
Clean windows	23	31	22	[illegible]
No of households/persons	74(1)	100	85(1)	100

*Percentages based on the 51 households (60 persons) who had a solid fuel fire.

(1) There was one person who did not answer any of these questions.

[1] The Home Help Organiser states that those assessed at 1 hour a week only [illegible] help with floors and stretching jobs, i.e., inside windows.

2.3 DUTIES OF THE HOME HELP

At nearly all households the home help did the necessary cleaning, polishing, dusting, etc., on the days she attended, as will be seen from table 4.

Apart from general household cleaning, the major activity is helping with the laying of fires. 59% of those with solid fuel fires were receiving some help with them.

Only in 1 case did the home help assist the old person to wash or bathe herself, but the Health Department employs nursing auxiliaries to provide this service.

Other help given by home helps includes emptying commodes (2 cases), cutting finger and toe nails (2), cutting hair (1) and in 2 cases the home help collected library books and went to the bank for the old people.

Nevertheless 35 of the 87 people said they would like things done which the home help just did not have the time for.(1)

2.4 TIME OF ARRIVAL

Home helps helped with fires in 30 households, but in only 7 households started work before 9 a.m., as is shown in table 5. Out of these 7 cases, help

TABLE 5

Time at which home help starts work

Time arrives	Households		People	
	No.	%	No.	%
8–8.55 a.m.	7	9	7	8
9–9.55 a.m.	16	21	17	20
10–10.55 a.m.	12	17	15	17
11–11.55 a.m.	5	7	5	6
Sometime in the morning	16	21	21	24
12 noon–12.55 p.m.	6	8	8	9
1–1.55 p.m.	4	5	4	5
2–2.55 p.m.	7	9	8	9
3 p.m. or later	2	3	2	2
All times	75	100	87	100

TABLE 6

How older people manage various household tasks on days home help does not attend.

How old people manage	Dusting polishing sweeping	Cleaning floors etc.	Shopping	Fires	Making beds	Washing clothes	Meals	Tea or coffee	Washing up
Doesn't need to be done	6	12	4	7	—	6	1	—	—
Leaves it/leaves part/just doesn't get done	36	47	2	3	10	4	1	—	3
Do it themselves, no difficulty	18	8	5	8	4	—	1	2	7
Do it themselves with difficulty	9	5	2	4	8	—	—	2	4
Done by someone else	10	7	10	12	2	2	8	4	5
No. of people (excluding no answers)	79	79	23	34	24	12	11	8	19

(1) The Organiser said that she saw the job of the home help as being to do those things that the householder was incapable of doing. She thought it might not be beneficial to the recipient if more was done.

was given with the fire in 5 cases, all with solid fuel fires In 1 the home help attended 4 days a week, and on the other days the respondent did not have a fire, lighting the gas oven instead for warmth In the other 4 cases the home help attended 2, 3, 5 and 6 days a week respectively and in the 2 cases where her attendance was least frequent the respondents were, *in fact* not very dependent on the home help for making the fire

2 5 HOW PEOPLE MANAGE TO DO THINGS ON THE HOME HELP'S DAYS OFF

Most of the heavier housework, i e, cleaning floors, polishing, etc., and making beds tends to be left or done only in part when the home help does not attend—see table 6

2 6 JOBS NOT DONE BY HOME HELP

Table 7 shows how elderly people manage to do household tasks which are *not* performed by the home help

TABLE 7

How elderly people manage household tasks not done by home help

How old people manage house hold jobs not done by home help	Dusting polish ing sweep ing	Clean ing floors etc	Shop ping	Fires	Making beds	Wash ing clothes	Meals	Tea or coffee	Wash ing up
Doesn t need to be done	—	—	—	—	—	—	—	1	—
Leaves it/leaves part/just doesn t get done	—	1	—	—	—	25	—	—	1
Do it themselves no difficulty	3	1	26	10	38	9	43	61	38
Do it themselves with difficulty	2	2	5	7	12	2	9	4	6
Done by someone else	1	2	31	8	9	37	21	9	20
No of people (excluding no answers)	6	6	62	25	59	73	73	75	65

3 0 THOSE HAVING HOME HELPS

3 1 SEX AND AGE

Of the 87 people of retirement age in the sample 20 (23%) were men However, in the general sample of old people 27% were men (26% Census 1966) so that men are only slightly less likely to be given the services of a home help than are women

TABLE 8

Age distribution of men and women receiving home help

Age Group	Men	Women	Both Sexes	
	No	No	No	%
60–64	—	4	4	5
65–69	2	7	9	10
70–74	4	9	13	15
75 79	5	19	24	28
80–84	7	14	21	24
85 and over	2	14	16	18
All ages	20	67	87	100

3 2 HOUSEHOLD COMPOSITION

Most of those in the sample receiving home helps were people living alone, as can be seen from table 9

TABLE 9

Household composition of those having home helps compared with general sample.

Household composition	Home help sample		General sample	
	Households	Persons	Households	Persons
	%	%	%	%
Old person living alone	71	60	38	27
Old person living with unmarried child	5	5	6	5
Old person living with married child	3	3	4	3
Old person living with others 64 and under	3	2	4	5
Old person living with others 65 and over	5	10	9	14
Married couple living alone	13	20	30	37
Married couple living with unmarried child	—	—	3	3
Married couple living with married child	—	—	2	1
Married couple living with others 64 and under	—	—	2	1
Married couple living with others 65 and over	—	—	2	4
Nos. on which % based	75	87	324*	468*

*Fifteen people living in private old people's homes, and 4 in hotels have been excluded

60% of the elderly people having the services of a home help were living alone, a considerably higher proportion than would have been expected by looking at the general population. Conversely married couples, either on their own or living with others, appear to be considerably less in need of the service.

3.3 MOBILITY

None of the people in the sample were permanently bedfast, although 3 who usually went out were bedfast temporarily at the time, as were another 3 who were usually housebound. Including the latter 3, 34 people were permanently housebound. There were 4 people temporarily housebound, who usually went out. Altogether, including those who usually went out, but were temporarily bedfast or housebound, 53 were usually able to get out and about.

The most usual condition given as a reason for not being able to get out was rheumatism or arthritis, mentioned by 12 informants. 6 people mentioned accidents; strokes or paralysis caused 7 people to be permanently housebound, and heart trouble 4 people. Other reasons given were chest or pulmonary difficulties (3), blindness or failing sight (3) and general old age and infirmity (3).

Fourteen of the housebound had been so for less than a year, 13 for between 1 and 3 years and 6 for longer periods, and 1 person could not remember how long it was since she had been able to go out.

3.4 DOCTOR'S ATTENDANCE

Sixteen of the 87 people in the sample (18%) saw the doctor regularly, 5 going to his surgery and 11 being visited by him. This will be discussed further in 3.7.

3.5 OTHER WELFARE SERVICES

(a) Meals-on-wheels

Twenty-seven of the 87 people in the sample (31%) were having meals-on-wheels delivered, the majority, 22, getting 3 meals a week. 3 were getting meals more often than this (4 and 5 times a week), and 2 less frequently (once or twice a week).

Fifteen of those having meals delivered said they began to get them at about the same time as their home help started and 12 after the home help came

It might be of some interest here to note the opinion of the G P s as to the need for more meals on wheels (less than 2% of people of retirement age have meals delivered, getting them 3 days a week) Meals on-wheels are supplied in Worthing by W R V S who deliver to the housebound, 3 meals a week in the central area and 2 a week in outlying areas Asked whether they had any elderly patients not getting meals on wheels who would benefit from the service, 5 of the 15 doctors interviewed said they did know of such people but only 2 gave an estimate of how many such patients they had one saying 6 and the other 4 or 5

Four doctors mentioned that the elderly people will not accept the meals because they do not like the food or because they are too proud One doctor criticised the criterion that the recipients had to be housebound

Eight doctors thought more meals should be served to those already getting the service, nearly all saying the meals should be served 7 days a week

There was some criticism of the quality and variety of food served, and 1 doctor suggested that someone should stop to see that the old person ate the meal

(b) District Nurse

The District Nurse was calling on 17 (20%) of the sample, compared with 2% in the general sample, and the help given is listed below —

	Home Help Sample	General Sample
Blanket baths washing	10	—
Injections	6	7
Enemas	1	—
Dresses wounds sores	3	1
Other medical treatment (unspecified)	—	1
No treatment just checks	1	—
Cuts toenails, does feet	3	—
No of replies	24	9

She had been attending these 17 patients for varying [illegible] below (table 10)

TABLE 10

Length of time District Nurse has been [illegible]

How long District Nurse has been attending	[illegible]	[illegible]
Less than 3 months	[illegible]	[illegible]
3 months but less than 6 months	[illegible]	
6 months but less than 1 year	[illegible]	
1 year but less than 2 years	[illegible]	[illegible]
2 years but less than 3 years		[illegible]
3 years but less than 5 years	[illegible]	[illegible]
5 years but less than 10 years	[illegible]	[illegible]
10 years and over		[illegible]
Vague/Don t know		[illegible]

The numbers involved do not allow any firm conclusions but it looks as though there would be little difference in distribution between the samples. Those people having visits from the District Nurse were asked how long she stayed, and the answers are detailed in table 11.

TABLE 11

Length of time District Nurse stays on each visit

How long District Nurse stays	Home Help Sample	General Sample
0–10 mins.	5	7
11–20 mins.	1	2
21–30 mins.	5	—
31 mins.–1 hour	6	—
Number of replies	17	9

The length of time spent with some home help patients is probably due to the large proportion of bathing, etc., done by the District Nurse.

(c) **Bathing service**

Regarding the difficulty experienced by elderly folk in washing themselves and bathing, doctors were asked whether a bathing service operated by enrolled nurses was available in Worthing. 9 doctors said there was no such service, 2 did not know of it and only 4 knew of the existing bathing service. All but 1 of the doctors who were unaware of the service thought that its introduction would be useful in relieving the District Nurse.

(d) **Chiropody**

Thirteen of the 87 in the home help sample (15%) used the welfare chiropody service and a further 18 (21%) had their feet done privately. In the general sample, altogether 147 (31%) were having chiropody treatment, but only 11 (just over 2%) were having welfare treatment. Although the proportions receiving treatment in the two samples are similar, there is a large difference in the numbers getting welfare treatment. The frequency of treatment is detailed in table 12.

TABLE 12

Frequency of treatment of elderly people receiving welfare and private chiropody

Length of time between treatments	Home Help Sample				General Sample			
	Welfare		Private		Welfare		Private	
	No.	%	No.	%	No.	%	No.	%
Up to and including once a month	1	8	8	45	1	9	37	27
Over 1 month and up to 2 months	8	62	8	45	2	18	57	42
Over 2 months and up to 3 months	3	23	—	—	6	55	12	9
Over 3 months and up to 6 months	—	—	1	5	1	9	11	8
Over 6 months and up to 12 months	—	—	—	—	1	9	8	6
No set time	1	7	1	5	—	—	11	8
No. on which % based	13	100	18	100	11	100	136	100
No. having chiropody	31				147			

Both in the general and home help samples those using the welfare chiropody service have treatment less frequently than those having private chiropody, and whichever service they use those in the home help sample seem, on an average, to have more frequent treatment than those in the general sample Whether this treatment is satisfactory or not is examined in table 13

TABLE 13

Comparison of whether those receiving private treatment are having more trouble between treatments than those using the welfare chiropody service

Do you have trouble with your feet so you would like to go more often?	Home Help Sample		General Sample	
	Welfare	Private	Welfare	Private
	%	%	%	%
Trouble would like to go more often	15	17	55	12
Trouble would *not* like to go more often	8	11	—	6
No trouble would like to go more often	—	—	—	4
No trouble would *not* like to go more often	77	72	45	78
No on which % based	13	18	11	135*
No having chiropody	31		146*	

*Excludes one person not answering

In the home help sample whether people were having welfare or private treatment seems to have had no effect on whether or not they found it satisfactory In the general sample, however, there is a marked difference but with only 11 having welfare treatment the numbers are too small to be conclusive It would be interesting to compare the frequency of treatment of those who have trouble between treatments and would like to go more often with those who have no trouble and would not like to go more often The numbers in the other two categories are too small to allow comparison

TABLE 14

Comparison of those with home helps with those on the general sample receiving chiropody, by frequency of visits

Length of time between visits	Trouble would like to go more often				No trouble would *not* like to go more often			
	Home Help		General		Home Help		General	
	Welfare	Private	Welfare	Private	Welfare	Private	Welfare	Private
Up to 1 month	—	1	—	4	1	6	1	27
Over 1 month up to 2 months	1	2	1	7	7	5	1	48
Over 2 months up to 3 months	—	—	4	2	2	—	2	9
Over 3 months up to 6 months	—	—	—	2	—	1	1	8
Over 6 months up to 1 year	—	—	1	—	—	—	—	4
No set time	1	—	—	2	—	1	—	9
Numbers having chiropody	2	3	6	17	10	13	5	105

Looking at the general sample it can be seen that those having private chiropody treatment who would like to go more often have treatment a little more frequently than those who experience no trouble between visits 65% who do have trouble go at least once in 2 months compared with 71% who do not experience any trouble With such small numbers receiving welfare treatment it is not possible to draw any conclusions

The welfare chiropody clinic is run by the local Health Department and is available to people of retirement age at a cost of 2s 6d per session unless

they are on National Assistance, when the treatment is free. Because of the large number of existing patients (962 people received between them 1,555 treatments in three months) very few new patients are taken on. This was one aspect of the service criticised by the G.P.s when asked for their views. They also suggested that there should be a toe-nail cutting service, staffed, perhaps, by less qualified auxiliaries. Other suggestions made were that patients should be able to deal directly with the chiropodist, instead of having to go through the G.P., and that there should be more publicity given to the service, both amongst old people and G.P.s.

There were plans for increasing the service during the following year.

(d) **Health Visitor**

Nineteen of the 87 people in the sample said the Health Visitor called (22%), compared with 1·4% of those in the general sample visited.

(e) **Visiting service**

Only 6 people had 'friendly' visits from the Welfare Department.

3.6 FINANCIAL POSITION OF THOSE HAVING HOME HELPS

SOURCES OF INCOME

The sources of income of those having the services of home helps is compared with that of the general sample of people of retirement age in Worthing in table 15.

TABLE 15

Sources of income of those in the home help sample compared with those in the general sample

Source of Income	Those with Home Helps		General Sample	
	No.	%	No.	%
Wages/salary	—	—	60	14
Retirement/O.A.P.	73	87	373	85
National Assistance	41	49	56	13
Other Govt. grants and pensions	12	14	90	21
Private/firms pensions	7	8	108	25
Rents	4	5	22	5
Interest on shares etc.	12	14	157	36
Charities	1	1	2	*
Other sources	1	1	5	1
No. of people on which % based	84(2)	(1)	439(3)	(1)

* Less than 0·5%.
(1) Percentages add to more than 100 as many people have more than one source of income.
(2) Excludes 3 people not answering.
(3) Excludes 48 people not answering.

It will be seen that considerably more of those with home helps are receiving National Assistance (49%) than in the general sample (13%). Having National Assistance is generally associated with being in the lowest income brackets, which would suggest that the actual income of those having

a home help is lower than that of people not having this service This is examined in table 16

TABLE 16

Income of those having the services of a home help compared with incomes of the elderly in the general sample

Income per week	Single Incomes				Joint Incomes			
	Home Help Sample		General Sample		Home Help Sample		General Sample	
	No	%	No	%	No	%	No	%
Less than £4	1	2	6	2	—	—	—	—
£4–£4 19s	15	24	62	26	—	—	1	*
£5–£5 19s	14	23	28	12	—	—	1	*
£6–£7 19s	23	37	52	22	6	40	14	7
£8–£9 19s	3	5	29	12	6	40	36	18
£10–£14 19s	4	6	31	14	1	7	66	33
£15–£19 19s	2	3	14	6	—	—	28	14
£20 and over	—	—	15	6	2	13	55	27
No on which % based	62(1)	100	237(2)	100	15(1)	100	201(2)	100

*Less than 0 5%.
(1) Excludes 7 single and 3 joint incomes not given in whole or part.
(2) Excludes 34 single and 15 joint incomes not given in whole or part

If having a home help was dependent on having a low income it would have been expected that more of the home help sample would have fallen in the lowest income group (up to £5) than the general sample but the proportions of those with single incomes in this group are similar At the higher end of the scale, however only 14% of those with home helps had incomes of £8 or more compared with 38% in the general sample

As far as those with joint incomes are concerned (mostly married couples) the numbers in the home help sample are too small to allow for comparisons, but the indications are that most of the home help recipients have incomes under £10 per week compared with only a quarter of the general population

TABLE 17

Incomes of persons not receiving National Assistance, and the amount paid per week for the home help service. (1)

Weekly Income	Amount paid per week					Total
	Nil	Less than 5/-	5/- to 7/5	7/6 to 9/11	10/- and over	
Single Incomes						
Less than £4	1	—	—	—	—	1
£4 but less than £6	8	4	—	—	1	13
£6 but less than £8	3	1	—	—	1	5
£8 and over	1	1	1	5	2	10
Joint Incomes						
Less than £6	—	—	—	—	—	—
£6 but less than £8	1	—	5	—	—	6
£8 but less than £10	—	—	—	—	—	—
£10 and over	—	—	2	—	—	2
	14	6	8	5	4	37

(1) The Organiser pointed out that the different amounts paid by people with the same weekly income was because savings were also taken into account when assessing the charge

It would appear that having a comparatively high income means there is less likelihood of having a home help. It has already been shown in table 15 that having National Assistance is only one of the characteristics of the elderly people who have a home help. There was, in one area previously reported on, an indication that a high proportion of those with very small incomes did not receive home helps, which led us to examine the hypothesis that a number of elderly people were not receiving home helps because they could not afford the full rate, and were not prepared to have their incomes examined in order to claim free or reduced cost help. This would not appear to have happened in Worthing. Those drawing National Assistance automatically get the service free, and table 17 shows that over a third of those *not* on National Assistance were also getting the service free, and over a half either getting it free or paying less than 5s. per week. Of those paying more than 5s. per week 8 out of 10 on single incomes had weekly incomes of £8 or more. The numbers with joint incomes are too low to be conclusive.

A comparison of those getting the service free with those making some payment revealed that the latter, on average, have less home help hours per week than the former: 20% receiving the service free had a home help for only 1 hour a week compared with 55% making some payment.

The 2 categories were then examined to see if those having the service free in fact needed more help than those making some payment. The same proportion in both categories were permanently housebound, but more of those having the service free experienced difficulty in managing certain functions on their own:—

Difficulty with	Receiving service free	Making some payment
	%	%
Going out of doors on own	65	61
Getting up and downstairs on own	67	58
Getting about the house on own	27	19
Washing themselves on own	16	6
Bathing themselves on own	60	45
Base for %	56	31

These differences are not, however, very marked in all cases and a further comparison was made between those in both categories who were having a home help only 1 hour a week (11 of those having the service free of charge, 17 who were paying). This revealed that those who were making some payment had considerably less difficulty in managing than those getting the service free, so does indicate that there was no large number in need of more assistance who were not getting it because of the extra payment involved.

A further comparison of the two categories revealed that a higher proportion of those getting the service free were either living on their own, or with another elderly person, than those making some payment:—

Household composition	Receiving service free	Making some payment
	%	%
Old person on own	66	52
Old person with child(ren)	5	10
Old person with others 64 and under	4	—
Old person with others 65 and over	12	6
Couple on their own	12	32
Base for %	56	31

It would seem, therefore, that those receiving the service free are, on average, in need of more home help time than those making some payment, both because they are more frail and because less of them have someone else in the household to assist them.

37 MOBILITY OF OLD PEOPLE HAVING HOME HELPS

One would expect those receiving home help to be [illegible] than elderly people in general. Let us examine this.

We have said that none of the elderly people with home helps was permanently bedfast, although 3, who usually went out, were temporarily bedfast and 3, who were usually housebound, were [illegible] at the time. [illegible] people were permanently housebound and 4, who usually went out, were temporarily housebound. Comparing this sample with the sample of the general population it is found, as would be expected, that a much higher proportion of those getting home help are housebound.

TABLE [illegible]

Mobility of those having home helps compared with those in the general sample

Mobility	Home Help	General Sample
	%	%
Bedfast permanently	—	—
Bedfast temp., usually housebound	—	—
Housebound permanently	[illegible]	[illegible]
Housebound or bedfast temp., usually goes out	[illegible]	[illegible]
Goes out	[illegible]	[illegible]
Numbers on which % based	[illegible]	[illegible]

39% of those having a home help are housebound permanently, and a further 8% temporarily, compared with [illegible] permanently and [illegible]% temporarily in the general population sample. [illegible] out of 10 people of retirement age usually go out, compared with [illegible] in 10 of those having home helps.

Further evidence on this point may be obtained by examining the capacity for self help of the two samples (table [illegible]).

TABLE [illegible]

Comparison of proportions in home help sample having difficulty in performing given functions, compared with the general sample

Difficulty with	Home Help Sample	General Sample
	%	%
Getting out of doors on own	[illegible]	[illegible]
Getting up or downstairs on own	[illegible]	[illegible]
Getting about house on own	[illegible]	[illegible]
Getting in and out of bed on own	[illegible]	[illegible]
Washing themselves	[illegible]	[illegible]
Bathing	[illegible]	[illegible]
Dressing	[illegible]	[illegible]
Numbers on which % based	[illegible]	[illegible]

A far higher proportion of those having home helps have difficulty in getting around and helping themselves than do elderly people generally.

Whether they see their doctors more or less regularly is shown in table 20.

TABLE 20

Doctor's attendance on those having home helps compared with the elderly in the general sample

Doctor's visits	Home Help Sample	General Sample
	%	%
Subject visits doctor regularly	6	10
Doctor visits subject regularly	13	4
No regular visits	81	86
Numbers on which % based	86(1)	471(1)

(1) Excludes 1 in the home help sample and 16 in the general sample not answering.

Although there is little difference between the proportion of those with home helps who see their doctors regularly compared with the general population of elderly, considerably more are seen by the doctor in their own homes rather than in the surgery. The frequency with which they are seen, however, is about the same for the 2 samples, as can be seen in table 21. With only 17 being seen regularly in the home help sample, the numbers are too small to give a conclusive picture of the frequency.

TABLE 21

Frequency of visits for those seeing the doctor regularly

Frequency of visit	Home Help Sample	General Sample
	%	%
At least once a week	24	19
Every 2 or 3 weeks	6	17
Once a month	47	40
Less frequently than once a month	23	24
No. seeing doctor regularly on which % based	17	67

Where the doctor is not seen regularly, informants were asked when they last saw their doctor. 21% of those with home helps had not seen their G.P. for over a year (35% of the general sample) while 17% saw him within the last 7 days (8% of the general sample).

It is clear that the home help sample, while being less mobile and not as well able to look after themselves, do not get more regular attention from their G.P.s, but do have more frequent casual consultations.

4.0 ELDERLY PEOPLE IN THEIR OWN HOMES—GENERAL SAMPLE

The people in the general sample were asked who did most of the cooking, shopping and housework in their households. 19 people living in private nursing homes and hotels have been excluded because they were being entirely catered for in this way.

TABLE 22

Person responsible for most of the cooking, shopping and housework

Person responsible for	Cooking %			Shopping %			Housework %		
	Men	Women	All	Men	Women	All	Men	Women	All
Self	7	76	56	19	62	50	8	62	46
Spouse	65	1	19	39	5	14	43	1	13
Shared self and spouse	8	9	9	28	15	18	21	14	16
Child (in law) in h/h	4	3	3	3	4	4	4	4	4
Child (in law) outside h/h	—	—	—	1	*	*	1	1	1
Other relative in h/h	8	5	6	5	6	6	6	4	5
Other relative outside h/h	—	—	—	—	*	*	—	—	—
Other person in h/h	3	3	3	2	3	3	3	2	2
Friend, neighbour	1	—	*	2	3	2	1	*	*
Home help/M O W/Welfare	—	1	*	—	1	1	—	2	2
Private domestic help/eat out	3	1	2	1	1	1	13	10	11
Other person outside h/h	1	1	2	—	—	—	—	—	—
No on which % based	131	337	468	131	337	468	131	337	468

*Less than 0 5%

Comparatively few old people depend on outside help for most of their cooking only 4 people saying that the home help or meals on wheels mainly catered for them in this respect This is understandable as only 7 people (1 4%) had meals on wheels delivered, and they only got 3 meals a week each, and while in 11 cases the home help prepared some meals, only 33% of the sample had a home help attend more often than twice a week

While 27% of those having home helps say the home help does some of the shopping, only 1% of the general population said she does most of the shopping But with only 11 people having home helps this, in fact, represents 36% of those with home helps Just under 3% have to rely on other people outside the household other than a home help to do their shopping, nearly all of them relying on a friend or neighbour

In the majority of cases where a home help attends, she is responsible for the major part of the housework In the general population in this area nearly 6 times as many rely on private domestic help as on a home help for this work. Only 1% relied on a child or relative living outside the household

84% of elderly people do the major part of their cooking themselves, or it is done by the spouse, 82% do most of their own shopping and 75% do their own housework

Difficulty in doing cooking, shopping and housework

Where the elderly persons did most of their own work, they were asked if they were able to do it without difficulty 4% of those who were responsible for doing their own cooking encountered some difficulty, as did 11% doing their own shopping, mainly because of carrying heavy parcels and bags.

Of those responsible for their own housework, 16% had some difficulty, mostly with jobs involving bending kneeling or stretching or with heavy jobs such as carrying coal, turning mattresses, etc.

4 1 NEED FOR HOME HELPS

In all cases, except where an old person is known to a Health Visitor working on a doctor's authority, a doctor's certificate is required before home help can be given

Doctors in Worthing were asked if they had any patients who, in th[e]
opinion, should have a home help but could not get one. 9 of the 15 doct[ors]
interviewed thought they had no such patients. Of the 6 who did have su[ch]
patients, 2 could not say how many, the other 4 knowing of altogether
people.

The main reason given by the doctors for their patients not being allocat[ed]
home helps was that there were not enough home helps to meet the dema[nd].

66% of the G.P.s thought that the home helps should stay longer and 80
thought the home help should attend on more days per week (43%
recipients had home help for only 1 day per week and 24% for 2 days
week).

Nine of the 15 G.P.s knew of patients who had had their home he[lp]
removed suddenly within the past 12 months, those that could give estima[tes]
usually mentioning 1 or 2 cases.[1]

Six of the G.P.s said they had patients who should have home helps,
should have them for longer periods, but refused the help because they co[uld]
not afford the charges.[2]

These estimates from doctors are likely to be less than the actual need
that in a considerable proportion of cases elderly people had not seen th[eir]
doctor for quite a long period. Table 20 showed that only about 14%
elderly people see their doctor regularly. Table 23 shows, for those who
not have or make regular visits, when the doctor was last seen.

TABLE 23

When elderly people, not regularly seen by the doctor, were last seen by him

When last visited	Persons of retirement age no[t] seen regularly by the docto[r]	
	No.	%
In the last 2 weeks	56	14
Over 2 weeks and up to 1 month ago	32	8
Over 1 month and up to 2 months ago	32	8
Over 2 months and up to 3 months ago	24	6
Over 3 months and up to 6 months ago	54	14
Over 6 months and up to 1 year ago	57	15
Over 1 year and up to 2 years ago	58	15
Over 2 years and up to 5 years ago	44	11
Over 5 years and up to 10 years ago	25	6
Over 10 years ago	12	3
No. of persons on which % based	394*	100

*Excludes 9 people not answering.

It may be, therefore, that need of home help cannot fully be estimated
reference to doctors, and the following method is suggested.

The need for home helps is likely to depend mainly on whether the elde[rly]
person is able to get about and, if not, whether there is anyone else, eith[er]

(1) The Organiser commented that home helps were only permanently removed if
patient was considered fit enough to manage, after consultation with either the G
or the Health Visitor.

(2) The Organiser commented that these persons may have refused the financ[ial]
investigation and had therefore not been allowed reductions in the basic charge.

living within or outside the household, who helps If not, and they are mainly responsible for carrying out the duties themselves can they do so without difficulty

It has been shown that a higher proportion of elderly people who were not able to get out and about at the time of the survey needed home helps than did others We shall now examine whether household composition is another factor contributing to the need for home helps

We saw in table 9 that amongst the home help recipients a much higher proportion lived alone than in the general population This would suggest that there is a greater need for home help amongst those living on their own

Those not usually able to get out and about

There were 34 people in this category, in households as follows —

	Persons
Old person living alone	6
Old person with child(ren)	5
Old person with others 64 and under	4
Old person with others 65 and over	4
Old person in private nursing home	4
Couple living on their own	6
Couple living with their child(ren)	2
Couple living with others 65 and over	3
	34

Of the 6 living alone (all women), 3 had home helps All 3 said that the home help did most of the housework, and 2 that she did most of the shopping In the third case a friend did the shopping and the respondent, who had meals on wheels delivered, said she did not need much done Only 1 of the 3 did her own cooking experiencing no difficulty, the other 2 relying mainly on the meals on wheels which were delivered 3 times a week Only 1 of the 3, a woman of 69 who was housebound due to an injury to the spine and who lived in 1 room up 2 flights of stairs, said she could do with more assistance She said the home help used to attend 3 days a week, but now came only one and she thought the time was inadequate for doing house work, shopping and collecting her pension

Of the 3 living alone who did not have home helps all 3 did their own cooking without difficulty and had satisfactory arrangements for shopping which was undertaken by other people All 3 did most of their own house work, 2 without difficulty, but the third experienced difficulty in bending, and could not see very well She was 79 and lived in a one bedroom Council flat on the ground floor She would appear to be in need of some assistance with housework

There were 4 women living in a private nursing home, who were per manently housebound but as they were being looked after in the home they were not in need of any other domiciliary care

Of the 5 living with children none had a home help, and none of them was responsible for any of the main household tasks In all 5 cases the elderly person was living with a married or unmarried daughter, who was responsible for the housework cooking and shopping except in 1 case where a private domestic help did most of the housework In none of these cases was there any need for a home help

the housework but experienced difficulty in getting the shopping done because of the distance from the shops However, the difficulty was successfully overcome by having goods delivered In 2 of the other households the other members provided the necessary assistance to overcome the difficulty, but 6 households seemed to be in need of a home help In all but 1 of these households, where the respondent was 62, with a lodger aged 86, all the members, mostly siblings were at least 70 years of age In 3 of these households they definitely thought they needed help, one woman of 79 living with her sister aged 88, saying she felt unable 'to cope', yet none had taken any steps to apply for a home help

Of the elderly couples living on their own, both of whom could usually go out, 14 experienced difficulty with their household tasks, as follows —

Cooking only	1
Shopping only	3
Housework only	4
Cooking and shopping	1
Shopping and housework	5
	14

None of these had a home help In 8 cases the difficulties were either minor ones, or they were successfully overcome by assistance from the more active spouse, or by paying someone privately to do the work There were 5 cases where a home help was needed to assist with the housework and 1 where some special assistance was needed with cooking 1 of those needing help had a home help about 6 months previously, when the wife was discharged from hospital The husband, however, had ceased the service because he said that it was not worth it as the various home helps that came were not prepared to do what was needed [As the couple had a private income it is probable that they would have been paying for the service] The household that needed assistance with cooking consisted of a wife aged 84 and husband 94 They had private domestic help to do most of the housework, but the wife, who had had several operations on her eyes and had giddy turns found it difficult to stand and do the cooking They wanted someone to come in to do the cooking and, having an income estimated to be at least £15 per week, were prepared to pay for the service

Two of the married couples living with others experienced some difficulty in doing household tasks but in both cases the difficulties were successfully overcome

Thus for those able to get out and about there is a need for

28 home helps
1 home help more often
2 meals on wheels
1 special help with cooking

Therefore it can be estimated that the total need is·—

	Sample (487 people of retirement age)	Population of Worthing, Census 1966 (31,910 persons of retirement age)
Home helps	31 households	2,030 households
Home helps more often	2 households	130 households
Meals-on wheels	2 persons	130 persons

The elderly people were asked if there was anything that would lead them to refuse a home help, and altogether 4 of those we considered needed help said they would refuse. 1 couple said it was because they had a neighbour coming in to help, and even though they needed more help, they would not like to offend the neighbour. In 2 cases the respondents said that as the home helps only came for 1 hour it would be inadequate, and the fourth gave the high charges as the reason for refusal.

Three people were doubtful about having a home help, 2 because of the charge and 1 because she said the home helps do not clean properly (a friend of hers had one). These people, however, did not say they would definitely refuse a home help, so have been included in the estimate, together with the couple anxious not to offend their neighbour, on the grounds that they could probably be persuaded to have one.

Excluding the 3 who would definitely refuse, the estimate becomes:—

Households needing home helps	1,830
Households needing home help more often	130

The most urgent need is for those not able to get out, and for these the total estimated number of households is 200, and 65 needing home helps more often.

All the informants were asked if they themselves thought they needed a home help. 20 households thought they did, of whom 13 qualified under our criteria.

Three of those we had not considered to be in need of home help were married couples where the husband thought they needed help, but the wife did not want one. (One of the latter had bad arthritis, but they had private help, and her husband gave assistance.) 2 people had no disabilities, but one was finding the housekeeping 'a bit too much', and the other wanted someone once a month for the heavier tasks.

The 2 remaining cases were men living alone. 1 was aged 81; he was dependent on his neighbour for his meals and most of his shopping, but at the time this appeared to be a satisfactory arrangement. The other was a man of 65 whose wife had recently left him. He was managing the housework, but found shopping difficult because he was unused to it, and said that he could not afford to eat much more than the meals-on-wheels he received 3 times a week.

If an estimate was made on the basis of the elderly persons' own assessment of need, then the number of households needing a home-help in Worthing would be 1,310 which is considerably smaller than our independent estimate.

Comment on the estimate

The adequacy of the service for the charge made was frequently criticised, in particular by those likely to have to pay all or nearly all of the full charge, quite a number saying they would prefer to employ someone privately when they felt in need of assistance, rather than apply for a home help. With the shortage of home helps, and the large number of elderly in Worthing, the service is stretched considerably and the Home Help Organiser was well aware of the inadequacy of the hours allocated to the recipients. This is likely, however, to deter those able to pay for the service from applying for a home help.

II HOUSING FOR OLDER PEOPLE

The information in this section was obtained from the Housing Manager and other officials in the Housing Department.

1 0 PRESENT POSITION

In Worthing there were at November 2nd 1965, 200 old people's dwellings owned by the Council, including 72 warden supervised units

	Warden-supervised	No warden	Total
Bedsitters, in conversions	39	27	66
Bedsitters, purpose built	33	58	91
One bedroom bungalows	—	33	33
One bedroom flats	—	4	4
Two bedroom bungalows	—	2	2
Two bedroom flats	—	4	4
Total	72	128	200

The Housing Department also manages about 44 almshouses for older persons, mostly single person dwellings, although there are some for couples. Apart from a small block of old almshouses, these are mostly postwar self-contained cottages, with their own kitchens, bathrooms, etc., which were provided by a charitable foundation There is a warden supervising the almshouses

1 1 WAITING LIST

There is an open and separate waiting list for old people's accommodation and on November 2nd 1965, there were about 100 people on the list The general list is divided into two categories, active, i e, in immediate need, and deferred, i e, those cases where it is considered there is no immediate urgency Although in theory the old persons' waiting list is similarly divided, in practice all applications are considered to be active A separate waiting list is kept for the almshouses, although to some extent the 2 are interchangeable

Anyone living or working in Worthing can apply to be put on the waiting list The only criterion for acceptance is that there should be some housing need, this being decided by the Housing Committee who examine each new application Owner occupiers are not accepted, and in the case of older people, defined as 60 and over, men on their own are not accepted on the waiting list either

1 2 ALLOCATION OF ACCOMMODATION TO OLDER PEOPLE

Housing priority is decided by a points scheme, which takes into consideration length of residence in Worthing time on the waiting list, and housing conditions such as overcrowding lack of facilities, having to share accommodation, etc. At the time of the discussion the Housing Manager said that on an average old people had to wait 1 or 2 years on the list before being rehoused

Housing accommodation, with or without a warden, is not offered to older people who are seriously incapacitated, only to those who, on the whole, can manage for themselves Those in warden accommodation are, however, older on the average than those in ordinary housing accommodation

It is the Council's policy to offer smaller accommodation to elderly tenants whose family size has decreased, and pressure is exerted to effect the transfer

in cases where it is considered tenants have refused unreasonably. The Housing Manager stated that where elderly tenants were not prepared to move to bed-sitting or 1-bedroom flats, they were given the opportunity to move to 2-bedroom flats which did not involve such a drastic thinning out of their home. At the time of the discussion there were in the Council's accommodation about 60 to 70 elderly people who were underoccupying such housing.

1.3 WARDEN-SUPERVISED DWELLINGS

There were 4 warden-supervised schemes in Worthing at the time the information was sought. In all of them, each bedsitting room has its own cooking facilities and hot water supply, mostly in the form of a cupboard kitchen, but a few have separate kitchens. Bathrooms and w.c.s are shared on the basis of 1 bathroom for 4 tenants, and 1 w.c. between 2.

Three of the schemes are in converted houses, 2 of them being on opposite sides of a road and sharing a warden. In 2 of these conversions the bedsitting rooms are heated by individual electric radiant-convector heaters run off the tenants' own meters, and in the third, electric off-peak storage heaters have been fitted, and the cost of heating included in the rent.

The fourth scheme was purpose-built, and comprises 3 separate blocks of bedsitting room flats, with a communal sitting room (with TV) and reading room, situated in the middle block, which also contains the warden's flat. The blocks are centrally heated, and the cost included in the rent.

In all 4 schemes there is a bell system of communication to the wardens' flats. Indicator boards are situated outside the wardens' flats as well as in a central position in the linked blocks where there is no warden resident, so as to improve the chance of the warden, or in her absence someone else, being aware of a call for assistance.

The West Sussex County Council Welfare Committee makes a grant to the Housing Committee in respect of all the warden-supervised schemes.

1.4 ALMSHOUSES

There are no communal rooms for the almshouses, each one being self-contained. The original block had a communal room but, as it was little used, it was converted to provide 2 more flatlets. The warden supervising them is not responsible for any cleaning, and at the time of the discussion the County Welfare Committee was not paying a grant in respect of the warden, although an application was being made for one.

.5 FUTURE PLANS

wo further schemes of warden-supervised dwellings, comprising 29 units altogether, are being provided. It was expected that one would be handed over early in 1966, and the second about a year later.

2.0 THOSE REHOUSED IN 1964 AND 1965

During 1964 and up to the end of November 1965, 86 households had been rehoused into old person's accommodation. All these addresses were selected for interview. However, at 3 of the addresses, the women were ineligible for interview, being under 60 years old. 2 were 59 and 58, the interviewer saying that the latter had very poor health, but the third woman was only 54 although living in a flat in a warden scheme.

The remaining 83 dwellings contained 86 old people, of whom 82 (79 households) were interviewed, 95% of those eligible The 4 not interviewed consisted of 1 lady who refused, and 3 who could not be contacted after repeated calls—they were, according to the neighbours, very active, and at least 1 of them was working

Seventy six of those interviewed were living alone, the only double households being 2 married couples, and 2 women friends who had been rehoused together These 3 households all had 1 bedroom flats

Of the 82 people who were interviewed, of whom only 4 were men, approximately equal numbers had been rehoused in each of the 2 years under examination

2 1 AGE AND MARITAL STATUS

The present ages of the 4 men and 78 women in the sample are shown below —table 1

TABLE 1

Present age of men and women rehoused in previous 2 years

Age	Men	Women	Both Sexes
60–64	—	14	14
65–69	2	11	13
70–74	—	24	24
75–79	1	15	16
80 and over	1	14	15
All ages	4	78	82

Two of the men in the sample were married and their wives were also interviewed, and the other 2 were widowed These 2 men were never on the waiting list for rehousing, 1 having to move because his house was compulsorily purchased, the other not wanting to move but being asked to do so because he was occupying a 5 roomed Council flat Of the women, other than the 2 already mentioned, 34 were single, 41 were widowed, and 1 had left her husband before the war, although there had been no legal separation

As we are examining only those who were rehoused in the previous 2 years the ages at which the old people were rehoused are very similar to table 1, slightly more (30 instead of 27) being aged under 70, and 1 less (14) being aged 80 or over

2 2 LENGTH OF TIME LIVING IN WORTHING

None of those rehoused had lived in the town for less than 2 years, and only 2 had lived there for under 5 years, 1 person could not remember how long she had lived there, but 79 of the 82 informants had been in Worthing for at least 5 years, and 69 of these for 10 years or more

3 0 PREVIOUS ACCOMMODATION

3 1 LENGTH OF TIME IN ACCOMMODATION PRIOR TO REHOUSING

Nine people had lived in their previous accommodation for less than a year, and a further 18 for under 3 years However nearly half (36) of the infor-

mants had lived in their previous dwelling for 10 years or more. Many of those who had lived only a short time at their previous address had lived in privately rented rooms and bedsitters.

3.2 TYPE OF DWELLING AND AMENITIES OF PREVIOUS ACCOMMODATION

Fifty-six of those rehoused previously lived in privately rented accommodation, 11 were Council tenants, 9 were boarders, 4 lived rent free, and 2 were owner-occupiers. The latter had their homes compulsorily purchased by the Council for redevelopment.

Almost half of the informants had only 1 room for their sole use as is shown in table 2.

TABLE 2

The number of rooms occupied by people with different tenancies

Tenancy of previous dwelling	No. of rooms occupied in previous dwelling					All dwellings
	1	2	3	4	5 or more	
Owner-occupier	—	—	—	—	2	2
L.A. tenant	—	1	—	2	8	11
Rented, not Council	26	5	15	4	6	56
Boarder	8	1	—	—	—	9
Rent free	4	—	—	—	—	4
All tenancies	38	7	15	6	16	82

Thirty-eight (46%) of those rehoused were previously living in 1 room only, and it would seem that these people living in bed-sitters, either paying rent, or as boarders, are in greater need of rehousing because of the unstable nature of their tenancies. The 4 women who were living rent free were resident housekeepers, 2 becoming homeless when their employers died, and 2 when they had to retire due to failing health. Let us compare the length of time at previous address of those living in 1 room with all other tenancies.

TABLE 3

Length of time lived at previous address

Length of time at previous address	Those occupying one room only	All other tenancies	All tenancies
Less than 1 year	9	—	9
1 year but under 3 years	12	6	18
3 years but under 5 years	6	3	9
5 years but under 7 years	1	2	3
7 years but under 10 years	4	2	6
10 years but under 15 years	3	10	13
15 years but under 20 years	2	—	2
20 years but under 30 years	—	10	10
30 years but under 40 years	—	7	7
40 years or more	—	4	4
All lengths of time	37	44	81(1)

(1) Excludes one bed-sitter tenant who could not remember length of time.

It can be seen that those who previously had only 1 room for their sole use d been living there for much shorter periods than those with more accom odation all of those who had lived at their previous address for less than a ar and two thirds of those under 5 years, had had only 1 room This is not rprising since on the points scheme marks are awarded for those in rooms *sharing as well as for other unsatisfactory housing conditions.*

Let us examine how many of the rehoused were sharing amenities i e. chen bathroom and w c.

TABLE 4
Number of persons with d fferent types of tenancies sharing or lacking amenities

Use of amenities	Tenancy of previous d velling					All tenancies
	O vner occup er	L.A tenant	Rented not Council	Boarder	Rent free	
Had sole use of all amenities	2	10	8	6	3	29
Lacked/shared bath room only	—	—	14	—	—	14
Lacked/shared w c only	—	—	1	—	—	1
Lacked/shared kitchen and w c	—	—	1	—	—	1
Lacked/shared bath room and w c	—	—	7		—	7
Lacked/shared kitchen and bathroom	—	—	4	—	—	4
Lacked/shared all amenit es	—	1	21	3	1	26
All persons	2	11	56	9	4	82

As would be expected all but 1 of those previously in Local Authority hous had sole use of all 3 amenities *The exception was a woman of 64 who* ared a Council flat with her son daughter in law and family but who had n catering for herself some time before moving because things had become difficult between her and the rest of the family

Of *those living in privately rented* accommodation only 1 in 7 had sole of kitchen bath and w c. over a third having to share all three

ACCOMMODATION AFTER REHOUSING

TYPE OF ACCOMMODATION

rty of the elderly people were rehoused into warden supervised schemes ne of which were bedsitters and others almshouses 42 of the others were ng in bed sitters and 10 in 1 bedroom flats

HEATING

rty four of the informants had central heating but 21 of these supplemented vith another form of heating the majority *using an electric fire In* 14 the dwellings the chief source of heat was a solid fuel fire and the other had electric fires

Three-quarters of the old people said that their main living room was warm enough in winter, and 5 had not yet experienced very cold weather, but 16 said that they were sometimes not warm enough. The main reasons given for coldness were draughts caused by ill-fitting doors or windows and inadequate heating equipment. 6 out of 7 informants in 1 housing scheme, which was fitted with electric fires, complained of the cold.

4.3 DISTANCE MOVED FROM PREVIOUS ACCOMMODATION

It has been suggested that elderly people might refuse housing if this involved their moving too far away from friends and familiar surroundings, Informants were asked how long it would take them to get to their previous address, and, if this was more than 15 minutes, whether they had thought of refusing the offer of a new flat because of the distance.

TABLE 5

Distance moved from previous address

Distance moved	No.	%
Less than 5 minutes	7	9
5–10 minutes	16	20
11–15 minutes	25	30
16–20 minutes	6	7
21–30 minutes	13	16
Over 30 minutes	15	18
All distances	82	100

Almost 60% of moves involved journeys of 15 minutes or less, but 1 in 5 of those rehoused moved distances which involved a journey of over half an hour. Of the 34 people who did move a distance of more than 15 minutes, 6 said that they had thought of refusing the offer of a flat (3 of these had moved distances of between 30 and 45 minutes, and another, more than 45 minutes). 2 of these informants said that they were now satisfied, but 4 said that they would still like to be nearer their old home because they missed their friends, church, etc.

5.0 DID REHOUSED WANT TO MOVE?

Fifty-four of those rehoused wanted to move, 24 had to, and 4 both wanted and had to move.

The reasons given for moving are shown in table 6.

The main reasons for old people wanting to move were for health reasons, because their previous accommodation was in bad condition, or because they wanted a place of their own with security of tenure. The high proportion of informants in Worthing giving this latter reason is no doubt due to the large numbers previously living in privately rented accommodation, often with only 1 room.

The main reasons given by those who had to move were slum clearance and having been given notice to quit. In addition to the 3 people who said that they had been asked by the Council to move, because their dwelling was needed for a larger family, 4 others who had previously lived in Council

TABLE 6

Reasons for moving

Reasons for move	Had to move	Wanted to move
Lack of amenities	—	7
Slum clearance	7	—
Health reasons	1	18
Financial reasons	—	6
Pressure from family	3	2
House/garden too big	—	6
Wanted place of own/security	—	14
House in bad cond tion	—	14
Given notice to quit	6	—
Retired from tied accommodation	2	2
To be nearer town	—	3
	4	—
	3	—
	—	2
	2	2
All reasons	28	76
No of persons answering	28	58

property said that their reason for moving was because their previous house was too big—these 7 persons had all lived in Council houses with 4 or more rooms

6 0 LENGTH OF TIME ON THE WAITING LIST

The length of time informants had been on the waiting list before being rehoused is shown in table 7—those who said they both had and wanted to move are included with those who had to but did not necessarily want to

TABLE 7

Length of time on waiting list before being rehoused

Length of time	Had to move	Wanted to move	All persons
Never	6	2	8
Less than 3 months	2	—	2
3 months but less than 6 months	1	2	3
6 months but less than 1 year	3	2	5
1 year but less than 2 years	1	10	11
2 years but less than 3 years	3	9	12
3 years but less than 4 years	—	2	2
4 years but less than 5 years	3	5	8
5 years but less than 6 years	3	7	10
6 years but less than 10 years	4	8	12
10 years or more	2	6	8
All lengths of time	28	53(1)	81

(1) Excludes one person who could not remember length of time

There is little difference for those waiting 3 years or more between those who say they had to move and those who wanted to However, a much

higher proportion of those who had to move were rehoused within 3 months compared with those who wanted to move.

Of the total of 10 who were on the waiting list for under 3 months, 5 had to move because of redevelopment schemes, 2 because due to other circumstances they suddenly became homeless, and 3 were former Council house tenants who were offered a smaller dwelling.

There is no evidence that particular efforts have been made over the years covered by the survey to rehouse elderly people living in larger Council flats to make these available for family use, as most of them said they were on the waiting list for 4 years or more.[1]

7.0 WARDEN-SUPERVISED ACCOMMODATION

Do those rehoused in warden-supervised accommodation differ in any ways from those in ordinary old people's housing?

Thirty of the sample (all women) were rehoused in warden-supervised accommodation. Table 8 compares the age-distribution of these with those in non-supervised housing.

TABLE 8

Age distribution

Age	Warden-supervised accommodation	Ordinary L.A. housing
	%	%
60–64	23	14
65–69	13	17
70–74	23	33
75–79	28	15
80 and over	13	21
No. of persons on which % based	30	52

Surprisingly, a higher proportion of those rehoused into warden accommodation are in the youngest age group, and a higher proportion of those 80 and over are in ordinary housing.[2]

In examining the mobility of the 2 groups, we find that only 1 of those in warden accommodation was housebound permanently, all the others being able to get out. By comparison, of the 52 in unsupervised accommodation, 7 were housebound permanently and 2 temporarily, 5 of the 9 not able to get out being aged 80 or over. Again we find that those rehoused into warden

(1) The Housing Manager pointed out that the extent to which this policy could be carried out was dependent on various factors, notably the availability of suitable smaller accommodation, and that since the survey was carried out, the construction of more small flats had enabled the Housing Department to make further progress in dealing with under-occupation of Council houses.

(2) The Housing Manager said that it was the aim of the Housing Department to allocate warden-accommodation to those most likely to benefit, and that some of the people in ordinary old people's housing had grown old in these dwellings but, for the most part, could manage quite well.

accommodation made much less use of welfare services both before and after being rehoused as is shown in table 9

TABLE 9

No. of people receiving welfare services

Welfare service	No of people receiving service			
	Warden supervised accommodation		*Ordinary L A housing*	
	Before	After	Before	After
Home help	1	4	9	12
Meals-on wheels	2	1	5	11
Welfare chiropody	2	2	9	8
Health Visitor	1	—	5	4
Total no in accommodation	30		52	

These figures suggest that the old people rehoused in warden schemes are in fact in less need of help than others rehoused Let us see whether this is confirmed by the proportions of people having difficulty in doing various activities on their own—table 10

TABLE 10

Difficulty in performing particular tasks

Those who had difficulty managing on their own	Warden supervised accommodation	Ordinary L.A housing
	%	%
Going out of doors	10	25
Going up and down stairs	43	50
Dressing	—	6
Getting about the house	3	8
Cutting own toe nails	57	50
Getting in and out of bed	—	13
Washing themselves	3	8
Bathing	27	29
No of persons on which % based	30	52

Here the difference between the two groups is not so marked, but in general those in the warden accommodation have less difficulty in performing the tasks without help

8 0 OTHER WELFARE SERVICES

As can be seen from table 9, more people were receiving home helps and meals on wheels after rehousing

9 0 VIEWING THE ACCOMMODATION AND MOVING

Fourteen of the 82 people rehoused never saw the flat before they actually moved in (4 of these being permanently housebound at time of interview) Only 8 were taken by an official of the Housing Department and 2 were taken by welfare workers The remaining 58 did see their new home before moving either being given the key and going by themselves or with friends or seeing the flats at some stage during the construction

About a quarter of the sample said that their tenancy started within a week of their accepting the offer of new accommodation, and a further 30% in less than 2 weeks. Another quarter, however, had 3 weeks or more in which to make their arrangements before moving.

Nineteen of the rehoused said they would have liked more time to make their arrangements before they moved in. 11 of these had been given less than 2 weeks before they had to move. 6 of the 19 actually asked the Housing Department to allow them more time, but this was only granted to 1 woman who was given another week.

9.1 DIFFICULTIES WITH THE MOVE

Only 2 women had any difficulty with arranging to get gas and electricity laid on in their new flat, neither of these receiving any help.

A quarter of the informants did not know that they could have access to the flat before their tenancy started to measure up for curtains and carpets, etc., 9 of these being women who had not seen the flat at all before they moved in. 11 of those who did not have access did all their measuring after they moved in. 5 managed to get someone else to do it, 2 made do with the curtains and fittings that they already had, and three did not move immediately they started paying rent but got things arranged first.

When it came to the actual move, 60 people were helped to pack and unpack, arrange furniture, etc., this help coming from children, relatives and friends. Only 1 lady of 83 said she was given help by the Council. Of the 22 who had no help, 4 said they had had some difficulty and 3 of these said they would have welcomed help from the Council.

10.0 ASSESSMENT OF HOUSING NEED ON LOCAL AUTHORITY CRITERIA FOR REHOUSING

The points system used by the Worthing Housing Department to assess cases applying for rehousing is detailed below:

		points
HOUSING CONDITIONS	In rooms or sharing...	1–3
	Other unsatisfactory conditions such as insanitary conditions, overcrowding, high rent, furnished accommodation, lack of domestic facilities, notice to quit	1–5
RESIDENCE	1 year's residence	1
	5 year's residence	2
	10 years' residence	3
HEALTH REASONS	According to degree of urgency	1–3
WAITING PERIOD	For each year of waiting	1 (max. 3)
SPECIAL MERIT	... ...	1–3

Let us examine in more detail the reasons given for their move of those rehoused, to see how the criteria used by the Housing Department work in practice.

(a) **Homeless**

Twenty-eight people were rehoused because they found themselves homeless for various reasons.

Of these, 8 had had to move because their previous accommodation was needed for slum clearance or redevelopment and 13 had to move when they

were given notice to leave their previous accommodation, usually because the house was being sold 3 cases had been employed 'living in', 2 needing somewhere to live when their health became too poor for them to continue working, and the third when her employer died The remaining 4 cases had been living with their children, and had had to find somewhere else when the grand children grew up and needed separate rooms

Five of these people were never on the waiting list, 6 waited less than a year 13 for between 1 and 5 years and 4 for 6 years or more

None had lived in Worthing for less than a year, 2 for between 1 year and 4 years, 3 for between 5 and 9 years, and 23 for 10 years or more

(b) Health reasons (difficulty with stairs)

Seventeen people said they had had to move because of poor health (including the 2 married couples) All said that they had difficulty with stairs, 9 of them giving specific reasons for this such as arthritis and heart trouble In addition to health reasons, 5 mentioned some housing deficiency as aggravating the situation 3 had lived in Worthing for between 5 and 9 years and the rest for 10 years or more

(c) Previous accommodation too big

Five people, all previously in Council accommodation with 4 or more rooms *said they moved because their previous house was too big for them although* only 2 mentioned that they found it difficult to manage

(d) Security

Nine people gave as their reason for moving the fact that they felt insecure in their present accommodation or that they wanted a place of their own, most of them living as boarders or renting privately and only having 1 room for their sole use 1 lady of 75 mentioned that she was tired of being turned out of accommodation each summer when the landlords could get higher rents from summer visitors Most of these informants were in their 60s and had lived in the town for 10 years or more

In addition to the above, 4 women said they had been treated badly by their landlords Two had 2 rooms for their sole use, and the other 2 only 1 room, but all were sharing amenities These people complained of bad tempered and over critical landladies, and 1 said she had her mail opened

(e) Unsatisfactory housing conditions

Nine people had other housing difficulties

Six of these were living in 1 room only, sharing amenities, and most of these also complained of cold or damp, bad furnishing, or having small dingy rooms.

The other 3 were living in larger accommodation with sole use of amenities, although 2 of them had outside w c s, but said that the places were damp and they could not keep them in good condition

All these informants had been on the waiting list for at least 4 years, 5 of them for over 10 years

(f) Miscellaneous reasons

Four people wanted to move because their accommodation was too expensive and another 2 because they found a co tenant difficult to live with

amenities, had some cooking facilities in her room, but her flat was a small attic room with a sloping ceiling and small windows. She applied for rehousing less than 6 months ago.

(e) **Unsatisfactory housing conditions**

Two women, a widow of 92 and a single woman of 77, having 3 rooms each in a house. The older woman complained very much about the cold (she had an inadequate old-fashioned fixed gas fire), and she shared a w.c. and bath. The younger woman had no bath and an outside lavatory.

(f) **Miscellaneous reasons**

Two women (aged 73 and 75) said they could not afford the rent they were paying. 1 was living in 2 rooms with sole use of kitchen and w.c., but sharing a bathroom. The other had only 1 room, sharing all amenities.

The last case was a woman of 60. She had put her name down on the list within the past 6 months when she was told to leave her previous accommodation, but has now just moved into new rooms with which she *is happy. She would still accept a Council place if it were offered, but* her need is no longer urgent.

Apart from the last case, all the people we saw who were on the waiting list would seem to qualify for rehousing by the Department's standards. We know that 1 of our non-contacts would qualify for rehousing. If we assume the other one would also qualify, from our original sample of 25 old people from the waiting list we have found 13 people aged 60 or over who require rehousing. We would therefore expect there to be about 50 people in this age group on the complete waiting list who would qualify.

10.2 NEED AMONG OLDER PEOPLE IN WORTHING

Those who want to move and would accept a Council place

In the general sample of 487 people of retirement age in Worthing, there were 27 who said they would like to move, and would take a Council place if they were offered one. However, 3 were owner-occupiers who realised that they would not be considered by the Council.

Six of these informants said that they had applied to the Council for rehousing, 2 of these thinking that they were under consideration for rehousing. 1 had applied many years previously and had done no more about it, so was probably not on the waiting list at present.

The other 3 people said that their applications had been turned down because they were living in a house, even though it was only rented, and it seems that this may be another factor to consider, as none of the rehoused, other than those who had become homeless, had lived in a whole house, nor are any of the people at present on the waiting list.

Among those who had not applied for rehousing, the chief reason given was that they did not think they qualified on residential grounds (5 people). There were various other reasons such as need not being urgent or being unable to move because of other people in the household.

The 21 persons who want to move, but are not on the waiting list, were examined to see if they might qualify for rehousing.

(i) **Council tenants**

Five were already Council tenants 1 was a man living on his own in a Council prefab due for demolition when he will need rehousing 2 of the others said that they wanted a ground floor flat, one wanted to be nearer the town and shops, and the other complained of cold, but none of them was occupying Council property too large for their needs Only 1 of these 5 would thus qualify

(ii) **Non-Council tenants**

Six of the non Council tenants were living in one room only (including 1 married couple) They complained of being too cramped wanting proper kitchens etc 4 of the informants had lived in Worthing for 8 years or more, and would therefore seem to qualify for rehousing The others had lived in the town for 10 months and 2 years and as they had no health difficulties they would be unlikely to qualify under the Council's present criteria

Two people who said they wanted to move because they wanted a smaller house and 1 living with her daughter and son in law who wanted to be independent would be unlikely to be considered for rehousing because they are living in a whole house with all amenities

The same would also apply to 2 women and 1 married couple living with friends and looking after them to varying degrees, who now wanted a place of their own and a little less responsibility Since all four were living in houses which had sole use of all amenities they would be unlikely to be considered by the Council

The two remaining cases were also unlikely to qualify a woman of 70 living in rooms but with sole use of all amenities who wanted something smaller, and a married couple with a self contained flat who found their rent rather expensive

Thus among those people in the general sample who say they would like to move and would accept a Council place 6 persons (5 households) including 1 person already in Council accommodation would qualify for rehousing under the Housing Department's criteria

Those who do not want to move, but would accept a Council place

There were 55 people in our sample who said they would accept a Council place but who at present had no thoughts of moving. 5 of these were already living in Council accommodation, 3 in old person's units 1 with her husband and children, only 1 in a 4 roomed flat by herself This lady of 67 had no difficulties and gave no indications of wanting a smaller place

The majority of the other people did not have grounds for rehousing either being owner occupiers or having sole use of amenities In fact they seemed quite happy in their present accommodation although they reacted favourably to the idea of being given a Council flat

There were 5 ladies living on their own and sharing amenities 3 of these, all living in the same house said they were happy with their present situation and therefore did not need housing

One lady of 69 had a lot of difficulty with movement and housework, but it did not seem her difficulties would be solved by rehousing rather by being given more home help

The last lady, however, said she would really like a Council place of her own—she had not applied because she considered there was no chance of rehousing. She was 64, suffered from an ulcerated leg, had 2 rooms including a kitchen, but shared bathroom and w.c.

Thus among this group of people, we have found only 1 who would be considered for rehousing.

Since in the general sample there were altogether 66 people (14% of the sample) who said they would like to move, and less than half of these said they would accept a Council place, let us see if any of these are in need of housing and, if so, why they would not accept Council accommodation.

There were 39 people falling into this group and all but 4 of them on examination were found to be owner-occupiers and therefore ineligible for rehousing. 3 of the remaining 4 were living in dwellings with all amenities, and were quite comfortable although they would like a smaller place or bungalow. The last person was living in 1 room but said that she would not accept a Council place and if she decided to move her relations would help her to find somewhere.

There therefore seems to be no unmet need in this group.

Thus in our sample of people of retirement age in Worthing we have identified 7 people (6 households) who are in need of rehousing by the Council's criteria. This is equivalent to 390 households in the whole of the town, which gives us a total estimate, including those at present on the waiting list, of 440 units of housing needed to accommodate about 500 people of retirement age.

This, however, does not include places that will be needed if any elderly people need rehousing because of redevelopment schemes, or for other unexpected causes.

III OTHER HEALTH AND WELFARE SERVICES

1.1 MEALS-ON-WHEELS

Meals-on-wheels are supplied by the W.R.V.S., who operate 3 days a week in the centre, and twice a week in outlying areas to housebound people.

One G.P. said he did not recommend patients for meals-on-wheels as there was 'little point in pushing things in short supply'. Over half the doctors felt the number of meals served to patients was insufficient, and that they should be given on 5 days a week at least—one doctor saying there should be provision made to supply every day including weekends.

1.2 CHIROPODY

There is a foot clinic offering chiropody at 2s. 6d. per session, which lasts up to half an hour. This service is free to those on National Assistance. Only people able to get to the clinic can avail themselves of this service, as there are no arrangements for domiciliary visits. In 3 months 962 people had attended the clinic, and there were 1,555 treatments. Only 5 new patients aged over 65 had been taken on. This is one aspect of the service criticised by G.P.s, who also suggest that there should be a toe-nail cutting service, staffed, perhaps, by less qualified auxiliaries.(1) Other suggestions made were that

(1) Sick and bedridden patients have their toe-nails cut by the auxiliary nurses in the course of their routine care for the elderly.

patients should be able to deal directly with the chiropodist not have to go through the G P and that there should be more publicity given to the service both among old people and G P s

We were told there were plans to increase the chiropody service in 1966

1 3 HOME NURSING

There are 17 S R N s of whom 7 belong to the Queen's Institute One of them is a man In addition there are 2 S E N s and 4 nursing auxiliaries these latter doing bathing dressing etc. duties These auxiliaries are supplied with hairdryers so that they can wash and dry patients hair There are also 2 Mental Welfare Officers In the last 12 months they paid 59 855 visits on 1 355 elderly patients

There is difficulty in getting nursing staff and the Superintendent keeps a list of married nurses who might come back into this work [1] The nursing staff meet once a week to discuss their work

The Superintendent says that most of the work carried out by the nursing staff does not really require skilled nursing

Nurses are not attached to G P practices We were told that most of the G P s have practices spread all over the town and they telephone direct to the nurses when they require service Nurses will not take any patients who want bathing help only The nurses try to get neighbours or relatives to volunteer help to individual patients

Six of the 15 doctors we interviewed thought the nursing service was inadequate and that more nurses and auxiliaries were needed Two doctors pointed out the need for night nurses suggesting that S E N s could do this night nursing adequately There was a need in the G P s' opinion for more frequent and longer visits 12 G P s said they often found it difficult to get a nurse in every day for elderly patients with chronic illnesses and 5 said they had difficulty even with acute illnesses [2]

Most of the doctors when asked about the bathing service were not aware that there was such a service although all except one thought such a service would benefit elderly patients

1 4 HEALTH VISITORS

G P s were more satisfied with the Health Visitor position than with that of District Nurses Some Health Visitors are attached to G P practices (about one third) and those G P s having this service say they think it is beneficial in that she has a social as well as medical function Half of those G P s who said they *could* have a Health Visitor attached but did not think such an arrangement would benefit elderly patients and 3 of the 4 G P s who said there was no attachment in their area or their particular cases thought it would benefit patients

Four of the G P s thought there should be more Health Visitors but others regarded an increase in the numbers of home nurses and home helps as more urgent

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(1) In Ocotber 1967 there was no longer any difficulty and no list of married nurses existed

(2) The M O H finds this criticism difficult to accept and suggests it may be due to a lack of communication rather than resources to meet the need

1.5 LAUNDRY SERVICE

There was no laundry service for incontinent old people, but incontinence pads were supplied to anyone who applied for them, with or without a doctor's certificate.

IV RESIDENTIAL HOMES

1.0

The County (West Sussex C.C.) administer 14 Homes, and 154 residents originating from Worthing are in 11 of these Homes. Only 4 of these Homes are purpose-built[1] (2 catering for blind people only), the rest being adapted, including 2 former Public Assistance Institutions.

In addition, the County Authorities are also responsible for 79 Worthing residents in 27 Voluntary Homes, not all of which are in Sussex. In most of the outlying Voluntary Homes there are only 1 or 2 ex-Worthing residents, most of them being in 3 Homes, the Home of the Holy Rood, The Priory and Whitcombe.

2.0 THOSE IN RESIDENTIAL HOMES

2.1 THE SAMPLE

There was some difficulty about drawing the sample, as we were not allowed access to the records, their being regarded as confidential.[2] The Authorities were, however, prepared to let us have a list of the names of people in the County Homes who had been resident in Worthing when admitted to the Home, but not a note of how long they had been residents, or of their age at admission. (We did ask all residents how long they had been in a Home, but preferred this independent check.)

We were also given a list of Voluntary Homes where the County was responsible for Worthing residents, and had to contact each Home for the names of residents in this category, and permission to interview. There was no opposition to our getting this part of the sample, but in one Home the matron tried to prevent our seeing residents she considered unsuitable.

A sample of 77 residents in County Homes and 37 in Voluntary Homes was drawn.

Four of the residents in County Homes were not interviewed, being under 60 at time of admission.[3] One woman had been admitted at the age of 35, having had fits caused by the loss of 2 babies, and had been there 40 years. (This latter statement was confirmed by the matron.) Another was a man mitted at the age of 58 two years ago, and another at the age of 43 who been there 18 years, both of whom the interviewer reported as incoherent and irrational. These 3 were in ex-Public Assistance Institutions. The

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[1] By the end of the financial year 1967-1968 there will be 9 purpose-built Homes.

[2] The department did offer to supply names and addresses, etc., provided prior consent of the residents was obtained, but since this method has proved rather unsatisfactory in the past, it was not acceped.

[3] Two other women, admitted before reaching the age of 60, were interviewed and have been included in our analysis, as the need to consider whether they still need a place applies. With these 4, however, there is no question of their not needing this sort of accommodation.

fourth was a woman of 58, who could not walk unaided, and was in one of the smaller Homes having previously been in a private rest home for 8 months, her husband thought she was not being looked after properly, and applied for places for both of them in this Home, where they were accepted

Three other women were ineligible, 1 never having lived in Worthing and 2 who were dead

This left 70 County residents 25 of whom it was impossible to interview, as they were not capable of understanding the questions, or remembering their backgrounds sufficiently well for us to include their answers in the analysis Most of these people were seen, and in most cases an interview was attempted 20 of these informants were in the ex Public Assistance Institutions and 5 in smaller Homes It also proved impossible to interview 3 other residents 2 of whom could not talk owing to having suffered a stroke, the other being blind and deaf

Of the 37 residents in Voluntary Homes for whom the County were said to be responsible, 4 were ineligible (3 never having lived in Worthing and one of whom was paying privately), 1 woman could not be interviewed as she was in hospital with a broken pelvis 1 was deaf and 3 were confused, a further 3 were not seen as they were in bed suffering from severe head colds which were affecting a number of residents in one Home although we were told by the Matron that 1 of these was senile

Thus 67 of the 103 eligible residents were interviewed, 42 in County Homes and 25 in Voluntary Homes but some information such as age, etc., was collected from the records of some of the non contacts

2 2 AGE OF RESIDENTS

In some cases we were able to get details of age, marital status, etc from the matron's records These have been included where available

Table 1 compares the number of men and women from whom information was accepted with the total number drawn

TABLE 1

Comparison of sample drawn of men and women in County and Voluntary Homes with sample successfully interviewed

Sample	Men	Women			Both sexes
	County Homes only	County	Voluntary	All Homes	All Homes
Sample drawn	20	50	33	83	103
Sample interviewed	13	29	25	54	67

The sample successfully interviewed contains a higher proportion of women in Voluntary Homes than would have been the case if we had obtained interviews with the sample set This is because there was a very much higher proportion of women who were mentally confused in County Homes The samples set and achieved both show that there are 4 women to every 1 man in residential accommodation, so that women are not over-represented in the sample, but wherever there are likely to be differences between County and Voluntary Homes such as whether residents wanted to go in, or are happy there, etc, these will be shown separately, to minimise the effect of non interview

There is little difference in the age distribution of women at admission to County Homes compared with Voluntary Homes, except that where an admission is made at a very early age (under 60), it is usually to a County Home: table 2 shows the age at admission of residents now 60 or over, including those not interviewed.

TABLE 2

Age at admission to Home of residents now aged 60 or over

Age at admission	Men	Women	Both sexes
Under 60	—	2	2
60–64	—	4	4
65–69	3	3	6
70–74	4	11	15
75–79	3	21	24
80–84	6	12	18
85–89	—	12	12
90 or over	3	3	6
No answer	1	15	16
Sample set	20	83	103

Nearly 70% of residents were admitted at the age of 75 or over, women tending to be admitted at slightly more advanced ages than men. Where residents are admitted at a very early age, however, they are more likely to be women than men.

Age at time of interview

The ages of the residents ranged from 1 woman now 60 to 1 man aged 94. 85% of residents were 75 years or older, 57% being 80 years or older. Two-thirds of the residents were women aged 75 or over.

Only 1 woman in a Voluntary Home was under 75 years old, compared with 8 women aged under 75 in County Homes.

2.3 MARITAL STATUS

Two of the men and 3 women had been married when they became residents. One man aged 81 had been looking after his wife, who was too ill to manage the housekeeping, and they both became residents when he found he could no longer cope. The other man was aged 83, and his wife was in a nursing home from which he did not expect her to return home.

The married women were younger, one being only 52 years old when she was admitted, following a nervous breakdown, to be near her husband who was already a resident. When the husband died, she stayed on. Another was aged 69, and could do little for herself, so that when her husband who had looked after them both was taken to hospital, she was admitted immediately. The third was aged 64, and had lived in a boarding house with her 88-year-old husband, who could not manage the stairs. All housework was done for them, and they had meals-on-wheels delivered. The wife decided for her husband's sake to go into a Home, against his wishes. He died 10 days after admission, and she had stayed on, now being aged 67.

Of the rest, a higher proportion of men were widowers, compared with single men; however, while 33% of women aged 75 and over who were *not*

in Residential Homes were unmarried, 50% of women residents had not been married

3 0 ATTITUDE OF RESIDENTS TOWARDS THE HOME THEY ARE IN

3 1 WILLINGNESS TO BECOME RESIDENTS

Fifty of the 67 people interviewed said they had wanted to become residents (75%) Only 7 of the 13 men said they wanted to go into a Home, compared with 43 of the 54 women (80%) However, a much higher proportion of women going to Voluntary Homes wanted to go than did women going into County Homes (nearly 90% for Voluntary Homes compared with 70% for County Homes)

The main reasons given by men for going into a Home were housing difficulties and needing care and attention. 2 said they wanted company, and 1 was having trouble with relatives with whom he had been living

Over half the women said they had become residents as they needed care, but 5 said it was accommodation problems 5 said they did not want to become a burden on their children 3 had had trouble with relatives with whom they were living and 2 were in financial difficulties

3 2 WHO SUGGESTED BECOMING RESIDENT?

While 49 people said they wanted to become residents only 21 said it was their own idea 15 said the suggestion first came from a doctor, either their G P or hospital doctor, but where the suggestion came from the G P the resident generally went to a Voluntary Home (5 out of 7) where it originated from the hospital staff the patient usually went to a County Home (7 out of 8) Similarly, where the Welfare Officer made the suggestion, 6 out of 7 went into County Homes In 13 cases it was a relative who prompted the idea but in only 4 cases was the older person actually living with this relative. Friends and neighbours first suggested a Home to 4 women and 1 man, all the women going into Voluntary Homes

3 3 LENGTH OF TIME ON THE WAITING LIST

On the whole, residents going to Voluntary Homes had a longer wait for places than did people entering County Homes Of the 23 people admitted immediately or within a very short time 19 were admitted to County Homes. About 70% of residents to County Homes were admitted in under 6 months, compared with less than 50% admitted in under 6 months to Voluntary Homes. Almost a quarter of those going to Voluntary Homes had to wait over 2 years—but all those in County Homes had been admitted in under 2 years.

3 4 PRE KNOWLEDGE OF WHAT TO EXPECT

Twenty of the 67 residents (all women) were told when they first came to the Home that it was for a trial period, all the men and the rest of the women regarded it as a permanent arrangement. However, while 16 of the 25 women in Voluntary Homes were told it was for a trial period, only 4 of the 29 women going to County Homes say they were told this. In Voluntary Homes, the trial periods work both ways, to see if the resident likes it, and secondly for the matron to judge whether the resident should stay In one case the resident was very upset as she had been told she would have to leave as her

did not fit in, and while she accepted that she *did not* fit in (she admitted she was the wrong class) she was nonetheless worried about what was going to happen to her when she was turned out. This lady was, incidentally, the only resident who had gone into a Voluntary Home straight from hospital, where she had been for 5 months following a stroke.

Ten women had actually gone to see over Voluntary Homes, but only 2 men and 2 women had been over County Homes before admission. Even in Voluntary Homes the proportion seeing the Homes varied. In one Home every prospective resident except one had visited the Home first, and in the exceptional case the daughter had been shown over so she could reassure her mother. However, many admissions are emergency cases where it is not possible to arrange pre-visits.

Another 4 of the women in Voluntary Homes had been officially told something about the Home to which they were going, generally what the rules were, thus 60% had either seen over their Home, or had been told something about it. Only 1 man said he had been told something about the Home, as did 9 women going to County Homes.

In the case of County Homes, each resident is given a little booklet; the introduction stresses it is 'not a book of rules', but sets out to answer questions such as 'Can my friends and relatives visit me?', 'May I wear my own clothes and how will they be washed?', 'Who will be my doctor?', 'Where shall I keep my valuables?' and 'Can I go out, or away for a holiday, or go to church?' etc. It is clear, however, that most residents do not regard this as being told what to expect. It would be interesting to know whether it is given in advance of admittance, and whether the residents read it.[1]

3.5 WHETHER RESIDENTS LIKE THE HOME THEY ARE IN

Twenty-three of the 25 residents of Voluntary Homes liked the Home they were in, most of them saying they could not be happier, and one other liked it with qualifications, saying the place had got too big so she did not see as much of the matron as she used to. The only woman who did not like the Home described herself as a rebel, and said she found too many petty restrictions.

Eighteen of the women and 10 men in County Homes liked the Homes they were in, most of them saying they were very happy indeed and a further 5 women and 1 man liked it with qualifications, another man saying he had no choice but to like it. 6 women and 1 man did not like living in the Home they were in.

The man was housebound, having only 1 leg, and had gone into a Home 6 years ago at the age of 69. He had been living on his own, managing quite well with the help of neighbours. His wife and son offered to join him, and take care of him, providing he put the tenancy in the son's name, which he did. Some time later they left, owing a lot of rent, and the landlord would not give him back the tenancy. Having nowhere else to go, he was sent to a Home, but does not like it.

Of the women who were unhappy, one was 63 years old, had lived in a boarding house until her money ran out, and complained that her room-mate was on the commode all night. Another was aged 68 and had been living in

[1] The Welfare Department say that it is their policy to give the booklet to prospective residents when applications are investigated.

a hotel but had been asked to leave as they wanted her room and she had nowhere else to go She was unhappy because she was some way from her old home and missed her friends She wanted to get into a Home nearer Worthing Another was aged 74 who did not like old people and complained about having to share a room with one old woman who was confused and another who was unpleasant 2 more said they used to like the Home but it had deteriorated and 1 complained that she was not allowed to bathe herself These 3 ladies were in their early 80s

3 6 DISTANCE AWAY

A third of the residents were in a Home up to 15 minutes away from where they had lived before Another third had lived between 15 minutes and half an hour away Nearly 1 in 5 were over three quarters of an hour away from their former homes and for 6 people the distance was over 1 hour away Women in Voluntary Homes were less likely to be more than three-quarters of an hour away than people in County Homes less than 1 in 10 being 45 minutes or longer away

Seven people 2 men and 5 women (all in County Homes) said they would prefer to be in Homes nearer to where they used to live so they could have more visitors

Four of these 7 were not happy in the Home they were in 2 of them saying it was because they were too far from their friends and relatives

4 0 LIVING CONDITIONS BEFORE ENTERING A HOME

4 1 PREVIOUS ACCOMMODATION

Under 50% of the residents had occupied a whole house before they entered a Home including 3 who had had bungalows Some 37% had lived in rooms or in a boarding house (compared with 4% of men and 14% of women of retirement age who were still living at home in this type of accommoda tion) 3 women had lived in purpose built old person s accommodation and another man and woman had been living in other L A property one man of 78 had lived in a caravan

Just under 10% had been owner occupiers (compared with 57% of retire ment population living in own homes) 30% had been boarders and 11% lived rent free (In the retirement population 6% were boarders and 7% lived rent free)

4 2 AMENITIES

The man who had lived in a caravan with his elderly aunt had no amenities cooking on a wood/coal stove using oil for lighting, having no piped water or w c.

Four other people did not have any electricity laid on but all had gas Nearly 70% of the residents had had the use of a kitchen Nearly 15% had no fixed bath (less than 3% of the retired population lacked this amenity) and 30% had an outside w c (10% of retirement population)

4 3 WITH WHOM RESIDENTS LIVED AT HOME

Five of the 67 residents had been in other Homes before entering their present Home 2 men and 3 women 1 of the men had previously been in a Voluntary

All the men were widowers; 10 women were widows, 9 were single, and 2 married, 1 of whom (aged 52) joined her blind husband in the Home, the other's husband being in hospital.

(b) **Living with spouse** (1 person)
One man of 81 and his wife, who was ill and has since died, had been living in 1 room, had found they could not manage and their son had arranged for them to go into a Home.

(c) **Living with married children** (6 people)
One arthritic 82-year-old man was housebound, and had been living with his daughter, children and husband. When the husband died suddenly her doctor said it was too much for her to look after him as well as the children.

Five women had been living with married children. 3, all between 84-86 years old, wanted to go into a Home as they felt their children should not be tied down by them. One housebound mother of 86 did not get on with her daughter-in-law, and told her son he had not been lucky in his choice of wife, so he suggested a Home, and she was agreeable.

The other was a woman of 72 who had moved to Worthing from Folkestone to live with her married daughter, who had a son and daughter growing up, and lived in a 3-bedroomed house. She says her daughter did not want her, or have time for her, and was given a place in a Home.

(d) **Living with elderly relatives** (4 people)
One man of 74 had been living in a caravan with his aunt, who suggested he go into a Home.

A 76-year-old single woman, certified partially blind, and housebound with osteo-arthritis, had been living with her cousin who had a stroke, and could not look after herself, let alone the resident.

A 79-year-old blind lady had been living with her sister, and wanted to go to a Home for the Blind.

A single lady of 58, who had difficulty getting about, lived with her sister and niece. She says she could not live on her own as her nerves are bad, she must have someone to talk to, and wanted to go into a Home.

(e) **Living with younger relatives** (3 people)
One man of 75 had been living with his sister and her husband. The sister had a full-time job, and her doctor suggested it was too much for her and was affecting her health. He was able to get about, but had difficulty bathing and dressing himself.

One woman of 66 had lived with her aunt and niece, and says she had to leave as the niece was unkind to her, and the other aged 79 had been living with her step-brother, but was getting forgetful and wanted to go into a Home.

(f) **Living with non-relatives** (5 people)
Two men, aged 69 and 70, had been living with others not related. In 1 case it was a friend, whose daughter suggested he go into a Home and

he was agreeable, as he wanted company In the other case, the man who was blind had 'loaned' a young couple money to buy a house where he was to be a boarder, but they treated him so badly he had to leave

One woman of 82 had lived with a friend, but wanted to go into a Home 'so as not to be a nuisance to anybody' Another aged 65 had also lived with her friend, both being looked after by a housekeeper The friend had wanted to see her settled in a good Home before she (the friend) died, and as her sight was very bad, and she had a bad back and legs she went into a Home

The last woman of 62 had been working as a housekeeper, but did not like the woman she worked for, she approached the Home to see if the matron knew anyone who wanted help, and they offered her a place, where she helps with the cooking

5 0 ABILITY TO LOOK AFTER THEMSELVES

Five of the 13 men had some difficulty going out on their own, including 2 who were blind, and 1 housebound compared with 19 of the 54 women who had difficulty going out, of whom 9 were housebound A higher proportion of housebound women were admitted to County Homes than to Voluntary Homes None were bedfast

The number of residents who, prior to admission had some difficulty with locomotion or self-care is shown below —

	Men	Women	
		County Homes	Vol Homes
[illegible]	5	12	7
[illegible]	4	12	8
[illegible]	2	6	4
[illegible]	—	4	2
[illegible]	2	4	2
[illegible]	—	2	2
[illegible]	4	9	7
[illegible]	6	15	15
[illegible]	13	29	25

Women admitted to County Homes were likely to have more difficulty getting about than those admitted to Voluntary Homes

As regards housekeeping only 1 man had had to cook for himself, and 3 men did their own shopping, none of them having any difficulty None of the men had had to do their own housework

Of the women, 27 did most of their own cooking, 2 doing so with difficulty In most other cases cooking was done by staff (of boarding houses) or someone else living with them 3 women depended on home helps or meals on-wheels for most of their meals

Twenty five of the women did most of their own shopping, 3 doing so with considerable difficulty, and 21 women did most of their own housework, 4 having some difficulty with these two aspects Again, it was most usual, where the respondent was not doing it for herself, for a landlady or member of staff to do this service

5 1 HEALTH AND WELFARE PROVISIONS

None of the men had had a home help prior to their becoming residents but 10 of the women had had this service (15% of all residents compared with 2% of all old people in the area) It would appear that home helps are very

seldom allocated to men, so that we can compare nearly 19% of women residents having had home helps with just over 3% of women 65 and over, or nearly 4% of women 75 and over not in Homes.

Ten women had been having meals-on-wheels (15%), 3 men and 6 women were being treated by the District Nurse (13%), and 3 women were visited by the Health Visitor (4%). The proportions of those aged 65 and over in this town having these services are about 1·5%.

Two men and 2 women had been going to a foot clinic (6%).

It would seem that home helps, meals-on-wheels and Health Visiting is confined almost exclusively to women, and although, as would be expected, a high proportion of the service is given to older women, here a reasonable proportion of women under 75 were being given the services.

Two men and 5 women (11%) had been seeing the doctor regularly, all of them seeing him at least once a month. Since this proportion is rather lower than that in other areas, it is worth noting that a similar proportion of people who subsequently became residents saw their doctor regularly compared with all patients aged 65 and over, Indeed it is lower if we include women 60-64 in our comparison, as an unprecedented proportion of women 60-64 years old visit their doctor regularly (18%). The only difference in our comparison with people aged 65 and over who are still living in their own homes is that 2 out of 3 of them went to the doctor's surgery, while the doctors made home visits to most of those who became residents.

6.0 NEED FOR RESIDENTIAL PLACES

There are two points to consider. The first is, are the present residents best served by living in a Home, or should they be living in a domestic household; the second is, are there any elderly people who are living in such circumstances that they would be better off in residential accommodation.

Let us first consider those now in Residential Homes. Since the need for places is measured against the Authority's criteria, there would seem to be no reason to question whether all those people in Residential Homes ought to have been there in the first place. From looking at the schedules, however, it was quite clear that of those entering a Home a number of quite active people had been given places in Residential Homes simply because they had no other place to go.

However, whatever the need was when the present residents went into a Home, the important aspect for this survey is whether remaining in the Home is in their best interests.

In addition to the 1 man and 9 women who had been housebound before entering a Home, 3 men and 18 women had become housebound since entering, 2 men now found it difficult to get in and out of bed as did an extra 6 women.

We have seen (3.1 and 3.5) that some residents wanted to enter a Home because they were lonely, or had nowhere else to go, i.e., lack of ability to get around and look after themselves was not the main reason for their wanting to become residents. Provided, therefore, that present residents have settled down in the Home, and enjoy living there (as most of them do), it is questionable whether it would be in their best interests to suggest they now be helped to set up home on their own. In this area there is the added complication that a considerable proportion of people who appear to be physically

capable of managing on their own had been living in hotels or boarding houses and had not had the responsibility of housekeeping for some years Could they be expected to manage on their own?

Perhaps the best measure of whether residents are in the best place for themselves is given by considering only those who do not want to remain in a Home, to see whether they appear capable of setting up homes for themselves

6 1 WHETHER RESIDENTS WANT TO STAY IN HOME

Only 1 woman, in the County Home, and 2 men, wanted to have a home of their own, although 3 people would have liked a change of Home

The woman is 63 years old, unmarried, and had moved to Worthing 2 or 3 years ago, presumably on retirement She lived in a hotel, where all housekeeping was done for her She is quite active, and 6 months before she found she had spent all her money, and the police took her to the Home She has only her retirement pension, but talks about a legacy she is expecting, which may or may not be imaginary She would need help in furnishing but could look after herself, and there are, after all, a great number of people living on pensions and National Assistance Since however, she is obviously not very responsible about money, she might easily become a problem again

One man is 78, and he too, had been living in a hotel He is blind, this being the man who made his money over to his son, who then applied for a place in a Home for his father He admits there are lots of advantages living in the Home, and that everyone is very kind to him but is resentful of the fact that he has to be there

The other man is aged 82, housebound, and he cannot walk without sticks and has difficulty getting in and out of bed He had been living rent free in one room over stables where he was employed, meals and housework being done by one of the maids from the house He realises he could not look after himself and likes the Home, but would like to 'do as I choose'

It seems, therefore, as if none of these people could really manage in a home of their own, even with supportive services

Looking through the cases where the immediate reason for people becoming residents might lead one to suggest that making appropriate housing available, or giving supportive services, might have enabled them to live in their own homes it became apparent that some cases might have been expected to have managed on their own if suitable housing could have been provided

(a) One is the man (mentioned in 3 5) 69 years old at admission, who had been managing on his own when his son came to live with him, took over the tenancy and disappeared owing rent The landlord would not let him have the tenancy back He had only one leg, but got about on crutches and managed with the help of neighbours If he could have been given an old people's flatlet, with supportive services he could probably have managed

(b) Single woman of 64, who had lived in Worthing for 2 years in a hotel She has a small private income from a Trust, and entered a Home when she was given notice at the hotel and had nowhere else to go At that time she was active.

(c) Single woman of 70, who was active and looking after herself without difficulty She lived alone in a 7 roomed rented house with no electricity,

bathroom or indoor w.c. It is not clear why she went into a Home—she says 'There was no other hope—I had nowhere else to go'.

(d) Active single woman of 66 had lived with her aunt and niece, but had to leave as her niece had been unkind to her.

6.2 NEED AMONG PEOPLE LIVING IN OWN HOMES

(a) Waiting list

Although there was a waiting list of Worthing residents, we were not allowed access to this, as the Welfare Authorities said any information given to them, including the simple fact that a person wanted to go into a Home, was confidential.[1]

(b) Those who have considered going into a Home

Twelve women had seriously considered going into a Home, and 1 man and 4 women had considered it, but not very seriously.

Of those who had considered it, but not very seriously, 3 were thinking ahead to some future date when they might need a Home, 1 was finding her large house and garden a little too much for her, and could look after herself quite well in a L.A. old person's dwelling, and 1 (the only man) was aged 81, was a L.A. tenant and was helped by his neighbours. He did not want to go into a Home until he was unable to manage but would really like a home help.

Of the 12 who had seriously considered going into a Home, 7 were concerned with a future requirement, such as 'if my sister/husband dies', and were not in any need at the moment. 2 other women, aged 81 and 91, were in need of care and attention. Since no places were immediately available, they had moved to boarding houses, where they were now comfortably settled. Another woman of 83 had had a stroke, and although she lived in a L.A. bedsitter felt she would not be able to manage on discharge, so applied for a residential place. Her friends advised her to try to stay at home, and she is finding she can do so. She does not have a home help, but has a card which will enable her to get one if she feels she needs her.

One woman of 82 only moved to Worthing 2 months previously, going into a private rest house, and would like a place in a Voluntary Home because it would be less expensive. There is no indication of immediate need.

The last case is a widow of 79, living in a L.A. flat with warden. She has heart trouble and difficulty with stairs and bathing, getting her own meals and housework. She has meals-on-wheels 3 times a week, and relies on these, saying she does not really want a meal every day, as she is not a big eater. She once had a home help, but she stopped coming. She would like her again for 1 day a week. She finds her 2-roomed flat too much for her, and very cold. She would like to move to a Home where she would have company, and be warm and looked after.

(c) Those who have never considered going into a Home

Two-thirds of the residents are single or widowed women, aged 70 or over, who were either living alone, or living with others but having some difficulty in going out of doors.

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[1] See footnote to page 272.

The questionnaires of all women in the general sample aged over 70 and living alone, or with others, who had difficulty going out of doors, but who had not thought of going into a Home were examined

(i) Living alone

The majority of those living alone had no difficulty in caring for the house or themselves, were already being helped adequately or could manage with the aid of a home help

The following cases are worth some consideration

(a) Housebound woman of 87, living in 1 room Has meals on-wheels but cannot manage her own housework The landlord complained about the state of her room and has threatened to increase her rent to cover the cost of a home help She had not considered going into a Home, but 'shall probably have to when I want looking after'

(b) Housebound woman of 82, living in her own 6 roomed house Has heart trouble and swollen legs Says she is always cold, and cannot get upstairs to her bedroom The interview was not completed, as the interviewer felt this informant was not well enough to carry on She has no welfare services, and the doctor does not call regularly

It would appear that both these ladies need more care and attention than they are getting and (a) could probably be persuaded that the time has come when she needs more looking after

(ii) Living with others

The majority of those living with others were being looked after by younger people, who, when asked, implied they were quite prepared to go on doing so, in that they did not want any help or services There was 1 household where a couple in their early 70s were looking after a deaf blind mother of 91, who regarded her as 'a bit of a tie' but otherwise were quite prepared to carry on without any help

There is another household of 2 sisters aged 81 and 86, 1 of whom is crippled with arthritis and was in hospital with a broken leg being discharged to a nursing home The younger sister can go out with difficulty, but has had several falls Most of the cooking and housework is done by an 80 year old friend who lives with them, and she finds shopping and housework difficult as she cannot bend very easily They have no welfare services, and she saw her doctor the previous day for 'general debility' She says the house is far too big for her to carry on, but would like a small place of her own (not Council) All 3 have very small private incomes and 2 have retirement pensions

Since the elder sister is in a nursing home, the other might be persuaded to go into an Old People's Home particularly if the friend has to give up caring for her

It would appear that there are thus 4 people of those we looked at who may need residential accommodation from which it can be estimated there are 6 people in the sample in need

Since the total number of people of retirement age in Worthing is 31,910 (Census 1966) then it can be further estimated that there are 390 persons in the Borough needing residential accommodation

MAIDENHEAD M.B.
BERKSHIRE

CONTENTS

I HOME HELP SERVICE

1 0

Although the running of the Home Help Service has not been officially delegated to the Maidenhead M O H, the service for the Borough is run from his department The service is run in three sections the recruiting of home helps is done by a recruiting officer (a recent appointment), the administration by the M O H's secretary, and the assessment of need by Health Visitors (who are not attached to G P s)[1]

At the time this information was obtained (December 1965) there were 65 home helps, all part time Part time home helps are thought to be more useful than full timers, so that they can all go to homes in the mornings, as afternoon home helps are not always as useful to old people This figure includes 2 women who were acting as home helps to their own families (In both cases the women had to give up their own work in order to do home help duties One was a girl whose mother had died, and she was needed at home to care for her younger siblings In the other, the father had died, and the daughter was prepared to have the mother, but had to work as her husband was ill She gave up her work and was paid as a home help) These home helps were engaged in helping in 114 households, 97 of which were old person households, the others being maternity and chronic sick Applications for the service are accepted from doctors other health officials, voluntary workers, and the general public, but in each case a Health Visitor assesses whether help is necessary and how much should be given

The maximum charge for the service is 5s an hour, but the service is free where justified by low income A financial investigation is made where the applicant says she cannot meet the full cost, and assessment is made in accordance with the County scale

Asked if she thought some people discontinued having or refused to have, home helps because they could not afford it the Recruiting Officer said that this happened, in her opinion, not because they could not afford to pay, but because they would not pay

1 1 HOME HELPS FOR PERSONS LIVING WITH OTHERS

Living with younger people does not necessarily mean a home help is refused If the old person is living with a son or daughter who is working, a home help is allocated to deal with the elderly person's rooms, and may do the kitchen if necessary

If the daughter is not working, a home help is not allocated unless the daughter has children to look after, or has some infirmity herself

1 2 DUTIES OF A HOME HELP

The home help is instructed to do anything required to help the old person Apart from normal housework, such as dusting, sweeping cleaning, making beds and washing up they may do personal laundry and ironing, make fires carry coals, and clean the inside of windows They are discouraged from doing any housework that involves climbing They may cook meals, do shopping and collect pensions

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[1] The Home Help Service has now been officially delegated to the Maidenhead Area Health Sub-Committee and the area M O H reports to this committee All the Health Visitors have been attached to G P s since September 1966

Home helps can also help with washing and bathing, provided the old person is not ill, when this is left for the District Nurse.

They cannot do gardening or spring cleaning, but this is due to lack of time, rather than the type of work involved.

1.3 REVIEW OF NEED

Every three months a form is sent to Health Visitors asking them to report on whether it is still necessary to have a home help, whether the number of hours should be changed, and whether financial circumstances have altered. If the Health Visitor suggests the hours should be increased, reasons must be given. It is very rare for the service to be discontinued as a result of this review.

The service to the elderly is sometimes cut, or discontinued, because of other demands on the service, e.g. maternity, hospital discharge patients, etc.

1.4 CONTINUITY OF HOME HELP SERVICE

It is the policy of the Authorities to allocate the same home help to elderly people. They say the elderly person gets to know the home help, and it gives them more confidence. The home help, too, likes to continue with the same people, as she often gets to know their funny little ways. Only if a person is difficult is the home help changed regularly.

1.5 RECRUITMENT OF HOME HELPS

There is considerable difficulty in recruiting home helps. There is a big demand for domestic workers from private householders, who pay up to 6s. an hour (home helps' pay is 4s. 6d. an hour), as well as ample employment in local industry.[1]

1.6 TRAINING AND IDENTIFICATION

There are no special overalls or uniform supplied[2] and there is no training scheme for home helps. There is a study afternoon once a year, when there is a talk, or a film such as 'Growing Old' is shown.

2.0 INTERVIEWS WITH PEOPLE RECEIVING HOME HELPS

In order to see who were the people who needed help, and what the home help does for the elderly, a sample of people of retirement age having home helps at the time of the survey was selected for interview.

2.1 THE 'SAMPLE'

Ninety-seven households with elderly people (aged 65 and over) were receiving the services of a home help (2·1% of the elderly population). An attempt was made to interview every person (this in fact was a census), and at 84 addresses successful interviews were obtained with 101 people.

At 13 addresses interviews could not be obtained, only 2 of these being refusals. At 1 the home help recipients had died, at 2 addresses the persons were in hospital and could not be contacted and at a further 2 addresses the

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[1] On June 1st 1967 the maximum charge was increased from 5s. to 6s. per hour, and home helps are now paid 4s. 11½d. an hour.

[2] In the spring 1966, plain blue nylon overalls were issued to any home help working at least 10 hours a week.

persons were away at the time At 1 address there was no response to 6 calls by the interviewer and 4 addresses proved to be ineligible, in 2 cases because the home help no longer came At 1 address the respondent said she had never had a home help but would like one and at the fourth address the person was in a nursing home and had only had a home help for 2 weeks the previous summer At 1 address, where 2 friends, aged 85 and 72, lived, the younger woman who teaches piano privately, had a nervous breakdown caring for her housebound elderly friend They had a home help for 3 weeks 1 day a week for 2 hours but she 'stopped coming' and on ringing the supervisor they were told that she had no replacement

There was 1 person for whom a proxy interview was taken—the subject's wife gave the proxy and the proxy was later incorporated into the analysis for factual questions only

Thus for the factual questions the analysis is of 84 households and 101 persons, and for the non factual questions where the proxy was excluded the numbers are 84 households and 100 people

2.2 NUMBER OF DAYS AND HOURS PER WEEK

Seven out of the 100 people interviewed had the home help call every day, and 25 and 29 people respectively had the home help for 1 and 2 days a week The number of days per week that elderly people had the services of a home help are shown in table 1

TABLE 1

Number of days a week home help calls

No of days	No of households	No of people
1	20	25
2	24	29
3	13	16
4	3	3
5	13	14
6	4	4
7	5	7
Varies within week	1	2
All visits	83(1)	100(1)

(1) Excludes one not answering

The number of hours per visit ranges from 1 hour to 4 hours the most usual length of visit being 2 hours, as will be seen from table 2

TABLE 2

Length of time home help stays per visit

Length of time per visit	No of households	No of people
1 hour	15	16
1½ hours	11	12
2 hours	40	51
2½ hours or more	17	21
All visits	83(1)	100(1)

(1) Excludes one not answering

The number of hours a week spent by home helps at households with elderly people is shown in table 3:

TABLE 3
Number of hours per week home helps assist elderly person households

No. of hours per week	Households		People
	No.	%	No.
1– 2 hours	18	22	23
3– 4 hours	25	30	30
5– 6 hours	21	26	24
7– 8 hours	6	7	7
9–10 hours	7	8	8
11–12 hours	2	2	2
13 hours or more	4	5	6
All visits	83(1)	100	100(1)

(1) Excludes one not answering.

Nearly a third of the households have the services of a home help for 3 or 4 hours a week, and a quarter have her services for 5 or 6 hours a week. Only 6 of the 83 households answering had her services for 10 hours or more.

2.3 DUTIES OF THE HOME HELP

At all households answering except 1, the home help does the necessary cleaning, polishing, dusting, etc., on the days she attends, as will be seen from table 4:

TABLE 4
Tasks performed by home help

Tasks performed	Households		People	
	No.	%	No.	%
Dusting/polishing/cleaning, etc.	81	99	98	99
Shopping	43	52	54	55
Collecting pension	18	22	20	20
Going to laundry/laundrette	—	—	—	—
Doing some laundry in house	28	34	37	37
Laying fires/filling scuttles, etc.	41	61*	45	56*
Making beds	29	35	34	34
Getting light meals	13	16	15	15
Making tea or coffee	14	17	15	15
Washing up	23	28	26	26
Help wash/bathe	5	6	5	5
Clean windows	41	50	48	48
No. of households/persons	82(1)	100	99(1)	100

* Percentages based on the 67 households (81 persons) that had solid fuel fires.
(1) Excludes two not answering.

Apart from general household cleaning, the major activity is shopping, home helps doing this for 55% of the people. A similar proportion of those who have a solid fuel fire receive help with cleaning the grate, laying the fire

or carrying coals In half the households the home help did some window cleaning In about a third of the households she made beds and did some washing In nearly a fifth of the households the home help cooked light meals, washed up and collected pensions

Forty five of the 101 people said they did not need any more help and 8 people did not answer the question Of those who wanted more help from the home help service, 16 wanted the home help to do jobs she did not already do, and the rest wanted her to spend more time on jobs she already did Over half of those who wanted the home help to do jobs not already done, wanted her to do spring cleaning.

2 4 TIME OF ARRIVAL

In 41 households the home help helped with the fires—yet in only 4 households did she arrive before 9 a m as can be seen from table 5

TABLE 5

Time at which home help starts work

Time home help arrives	No of households	No of people
Before 8 a m	2	3
8–8 55 a m	2	3
9–9 55 a m	43	55
10–10 55 a m	19	20
11–11 55 a m	6	6
Some time in the morning	2	2
12 noon–12 55 p m	1	1
1–1 55 p m	2	4
2–2 55 p m	2	2
3 p m or later	4	4
All times	83(1)	100(1)

(1) Excludes 1 person not answering

Although in 41 households the home help gave some assistance with making the fires and/or filling coal buckets, there were at least 10 households where she brought coal in but did not actually lay or light the fire, only 1 of the informants having any difficulty with this, although 3 persons had difficulty carrying the coal on the days she did not come

Of the 31 households where the home help made the fire, 3 had great difficulty on the days she did not come, and a further 4 had some difficulty, *although they could manage* The *home help's normal time of arrival* was between 9 and 9 55 a m for 4 of these households, but at the other 3

TABLE 6

How older people manage various household tasks on days home help does not attend

How old people manage	Cleaning etc	Shop p ng	Fires	Making beds	Washing clothes	Meals	Tea or Coffee
Doesn t need to be done	16	20	17	7	9	5	2
Leaves it/leaves part/just doesn t get done	49	—	1	3	9	—	—
Does self no d fficulty	12	11	4	8	10	2	8
Does self with d fficulty	12	2	11	8	—	3	2
Done by someone else	9	21	12	8	7	5	3
No of people (excluding no answers)	98	54	45	34	35	15	15

she came later than this. 4 of the households, when asked, said that they would like more help with the fires.

2.5 HOW ELDERLY PEOPLE MANAGE TO DO THINGS ON THE HOME HELP'S DAYS OFF

How elderly people manage to do some of the jobs undertaken by the home help on the days she does not come is shown in table 6.

The cleaning, washing and making beds tends to be left undone in a fairly high proportion of cases. Making fires seems to present most difficulty.

2.6 JOBS NOT DONE BY HOME HELP

Table 7 shows how elderly people manage to do household tasks which are *not* performed by the home help.

TABLE 7

How elderly people manage household tasks not done by home help

How old people manage household jobs not done by home help	Shopping	Fires	Meals	Tea or Coffee	Washing clothes	Washing/bathing	Make beds	Washing up
Doesn't need to be done	—	—	—	—	9	—	—	—
Leaves it/leaves part/ doesn't get done	—	—	—	—	19	—	—	—
Does self, no difficulty	16	9	57	38	—	51	40	54
Does self, with difficulty	3	9	10	4	—	32	18	7
Done by someone else	25	18	17	12	7	10	7	12
No. of people (excluding no answers)	44	36	84	54	35	93	65	73

Elderly people would seem to need help most with washing and bathing, getting meals and making beds, where these jobs are not done by the home help.

3.0 THOSE HAVING HOME HELPS

3.1 SEX AND AGE

Of the 101 people of retirement age in the home help census, 78 were women and 23 men. Our general sample shows 38% of those of 65 and over were male (36% Census 1966) while the proportion of men in the sample receiving home help is only 23%—showing that men on the whole are less likely to have home helps. If we look at the age groups individually, however, we find that proportionately more men aged 65-69 and 85 and over have home helps than would have been expected from the proportion of men of these ages in the population.

TABLE 8

Age distribution of men and women receiving home help

Age group	Men	Women	Both sexes
65–69	4	5	9
70–74	1	12	13
75–79	4	22	26
80–84	4	27	31
85 and over	10	12	22
All ages	23	78	101

3 2 HOUSEHOLD COMPOSITION

50% of the people receiving home helps lived alone as can be seen from table 9

TABLE 9

Household composition of households having home helps compared with the general sample

Household composition	Home help		General sample	
	Household %	Persons %	Household %	Persons %
Old person living alone	60	49	28	21
Old person living with unmarried child	12	10	9	7
Old person living with married child	2	2	14	11
Old person living with others 64 and under	1	1	4	3
Old person living with others 65 and over	6	8	5	6
Married couple living alone	19	30	28	37
Married couple living with unmarried child	—	—	10	12
Married couple living with married child	—	—	—	—
Married couple living with others 64 and under	—	—	1	1
Married couple living with others 65 and over	—	—	1	2
No on which % based	84	101	349	466

Elderly married couples appear to be less likely to need the services of a home help than single or widowed people, particularly if the couple are living with others, where a single or widowed old person is living with a married child or others under 65 years old, a smaller proportion have home helps, the really vulnerable group being old people living on their own.

3 3 MOBILITY

Forty people in the home help sample were housebound permanently and a further 12 people were housebound temporarily, the remaining 49 people usually went out

The most usual reason for being housebound was rheumatism or arthritis, mentioned by 14 respondents, accidents and heart trouble were mentioned by a further 13 respondents, the others suffered from general complaints

3 4 DOCTORS' ATTENDANCE

Twenty one of the 101 people saw their doctor regularly, 4 going to his surgery and 17 being visited by him, the remainder (76) saw the doctor only when necessary (4 people not answering the question) Thus a higher proportion having home helps see their doctor regularly than others aged 65 and over in Maidenhead, where 12% see the doctor regularly This is discussed in a later section (3 7)

3 5 OTHER WELFARE SERVICES

(a) **Meals-on-wheels**

Twenty eight of the 101 people with home helps also have meals on wheels

delivered, 6 getting 2 meals a week, 15 getting 3 meals a week, 2 getting 4 meals a week and 5 people getting 5 meals a week. Here the proportion of this group having meals-on-wheels (28%) compares with less than 2% having meals-on-wheels among those 65 and over not having home helps.

It might be of some interest here to note the opinion of G.P.s as to the need for more help with meals. Asked whether they had any elderly patients not getting meals-on-wheels who would benefit if meals-on-wheels were delivered to them, 3 of the doctors said they had such patients and they estimated that there were 25 cases between them.

The reason that their patients were not getting the service, the doctors thought, was due to prejudice against the m-o-w service—some thought the food bad and others that it was charity which they didn't want.

Six G.P.s thought they had patients who needed meals-on-wheels more days a week, 2 did not know how many and the total number for the remaining 4 G.P.s was 21 patients.

Five G.P.s thought meals-on-wheels should be available 7 days a week and one thought they should only be available 3 days a week—the remaining 9 doctors did not give an opinion on the subject.

All but 4 of the doctors thought the meals-on-wheels service adequate, 3 of the 4 who thought it needed improvement suggested a more balanced meal and better presentation of the food, the other doctor suggested that the service should be expanded.

(b) **District Nurse**

The District Nurse was calling on 21 (21%) of those with home helps as compared with 11 (2.4%) in the general sample and the help given is listed below.

	Home help	General sample
Blanket baths, washing and cutting toe nails	18	4
Injections	1	3
Dresses wounds, sores	7	4
No. of replies	26	11

The District Nurse had been attending these people for varying lengths of time as shown in table 10:

TABLE 10

Length of time District Nurse has been attending patients

How long District Nurse has been attending	Home help	General sample
Less than 3 months	1	1
3 months but less than 6 months	1	1
6 months but less than 12 months	—	—
1 year but less than 2 years	7	4
2 years but less than 3 years	4	3
3 years but less than 5 years	1	2
5 years but less than 10 years	5	—
10 years or more	1	—
Vague/D.K.	1	—
Those who have District Nurse call	21	11

The District Nurse had generally been calling on those having home helps over a longer period than those in the general sample

Those having the District Nurse call were asked how long she stayed and the answers are detailed in table 11

TABLE 11

Length of time District Nurse stays on each visit

How long District Nurse stays	Home help	General sample
0–10 minutes	1	2
11 20 minutes	5	4
21–30 minutes	9	5
31 minutes to 1 hour	5	—
No answering	20(1)	11

(1) Excludes 1 not answering

The District Nurse spends longer with those receiving home helps presum ably because such a high proportion need to have blanket baths

(c) **Chiropody**

Thirty one of the 101 informants with home helps had chiropody treatment, 17 having it privately and 14 using the welfare service

In contrast only 20% of the general sample went to the chiropodist 15% going privately and 5% using the welfare service The welfare service was more extensively used by those with home help (14%) than the general sample (5%)

The proportion who are housebound having chiropody is similar to that of those able to go out

TABLE 12

Frequency of treatment of elderly people receiving welfare and private chiropody

Length of time between treatments	Home help				General sample			
	Welfare		Private		Welfare		Private	
	No	%	No	%	No	%	No	%
Up to and including 1 month	3	21	6	35	5	21	15	22
Over 1 month and up to 2 months	9	64	6	35	18	75	32	48
Over 2 months and up to 3 months	1	8	3	18	1	4	7	11
Over 3 months and up to 6 months	—	—	—	—	—	—	7	11
Over 6 months and up to 12 months	—	—	—	—	—	—	4	6
No set time	1	7	2	12	—	—	1	2
No having chiropody	31				90(1)			

(1) Excludes 4 not answering

It can be seen from table 12 that comparing each distribution separately, people having welfare chiropody tend to do so more often than those having private treatment

Whether informants have trouble between treatments is examined in table 13:

TABLE 13

Comparison of whether those receiving private treatment are having less trouble between treatments than those using the welfare chiropody service

Do you have trouble with your feet so you would like to go more often?	Home help				General sample			
	Welfare		Private		Welfare		Private	
	No.	%	No.	%	No.	%	No.	%
Trouble, would like to go more often	6	43	4	24	3	12	8	12
Trouble, would *not* like to go more often	—	—	3	18	1	4	5	7
No trouble, would like to go more often	—	—	—	—	1	4	—	—
No trouble, would *not* like to go more often	8	57	10	58	19	80	56	81
No. on which % based	14	100	17	100	24	100	69	100
No. having chiropody	31				93(1)			

(1) Excludes 1 no answer.

It would appear that those with home helps have more trouble between treatments than those in the general sample, but there is little difference between treatments by the welfare service and those paid for privately.

All 6 people with home helps who have chiropody (welfare and private) less than once every 2 months, complain that they have trouble between treatments, as do 3 of the 9 having treatment once a month, and 4 of the 15 having to wait between 1 and 2 months for treatment.

In the general sample, however, fewer complain of difficulty, just under 20% of both welfare and private patients complaining of difficulty. Treatment once a month would alleviate most of the discomfort.

(d) Health Visitor

Forty-eight of the 101 people receiving home helps had the Health Visitor calling and 2 people used to have her calling. It must be remembered, however, that it is the Health Visitor who decides the amount of home help needed, so she would necessarily call. Of the general population of people 65 and over, 2·3% have the Health Visitor call.

(e) Visiting service

Fourteen of the 101 people had 'friendly visits' from the welfare.

3.6 FINANCIAL POSITION OF THOSE HAVING HOME HELPS

The sources of income of people of retirement age having home helps are compared with the general sample in table 14.

TABLE 14

Sources of income of those having the services of a home help compared with the sources of income of all people of retirement age

Source of income	Those with home helps	General sample
	%	%
Wages/salary	5	33
Retirement/O A P	83	78
National Assistance	58	17
Other Government grants and pensions	9	11
Private/firms pensions	8	21
Rents	5	5
Interest on shares/etc	10	10
Charities	2	*
Other sources	—	*
No of people on which % based	100(1)	446

* Less than 0 5%
(1) Excludes 1 not answering
(Percentages add to more than 100 since many people have more than one source of income)

It can be seen that a high proportion (58%) of those receiving the home help service are also receiving National Assistance Generally those receiving National Assistance have incomes in the lower income bracket which would suggest that the actual income of those having a home help is lower than that of those not receiving the service This is examined in table 15

TABLE 15

Income of those having the services of a home help compared with incomes of the general sample of old people

Income per week	Single income				Joint income			
	Home help		General sample		Home help		General sample	
	No	%	No	%	No	%	No	%
Nil	—	—	—	—	—	—	1	*
Up to £2/19/0	1	2	1	1	—	—	—	—
£3 but less than £4	1	1	2	1	—	—	—	—
£4 but less than £5	19	31	71	35	2	7	—	—
£5 but less than £6	15	24	36	18	—	—	2	1
£6 but less than £8	22	35	37	18	5	19	33	15
£8 but less than £10	1	2	24	12	12	45	34	16
£10 but less than £15	2	3	19	9	6	22	94	43
£15 but less than £20	1	2	6	3	—	—	26	12
£20 but less than £30	—	—	4	2	—	—	10	5
£30 and over	—	—	2	1	2	7	17	8
No of persons on which % based	62(1)	100	202(1)	100	27(1)	100	217(1)	100

(1) Excludes all incomes not given in part or in whole
*Less than 0 5%

If having a home help was dependent on having a low income it would have been expected that more of the home help sample would have fallen in the lowest income brackets than the general sample, but the proportions having a single income below £5 per week are similar for the two distributions

However, 27% of the general sample had an income of over £8 a week, compared with only 6% of those with home helps.

For joint incomes the home help sample generally had lower incomes overall, 7% having over £15 compared with 24% of the general sample.

TABLE 16

Income of persons not receiving National Assistance and amount paid per week for home help

Weekly income	Amount paid per week			
	Nil	10/- to £1	Over £1	Total
SINGLE INCOMES				
Less than £4	1	—	—	1
£4 but less than £6	17	—	—	17
£6 but less than £8	—	—	—	—
£8 and over	2	1	1	4
JOINT INCOMES				
Less than £6	—	—	—	—
£6 but less than £8	5	—	—	5
£8 but less than £10	1	—	—	1
£10 and over	2	6	1	9
All incomes	28	7	2	37

The policy of the Health Department is that those with low incomes should, wherever possible, get the service free, which is amply illustrated by table 16. Most of those paying 10s. to £1 a week (at 5s. an hour) appear to be able to afford the charge, and do not want the home help for a longer period. However, one couple, a husband of 85 doing part-time work, and a housebound 89-year-old wife who says she 'has difficulty with everything', pay 10s. for 1 hour's help twice a week, and need more help but say they can't afford to pay for it.

The highest charge is 45s. a week. This household consists of an 83-year-old widow supporting her 57-year-old son, who does not work as he has had T.B. She has an income of just over £15 a week, and does not complain that the charge is too high, or want the home help more often.

Although the Health Department do give a free service to most people needing home helps, those receiving National Assistance would appear to have more hours a week than those not receiving this benefit, as will be seen from table 17.

TABLE 17

Number of hours home help attends those on National Assistance and those not receiving allowances

No. of hours per week home help attends	Getting National Assistance	No National Assistance	All households
	%	%	%
1– 2 hours	19	26	22
3– 4 hours	29	31	30
5– 6 hours	23	28	25
7–10 hours	19	12	16
11 or more hours	10	3	7
No. on which % based	48	36	84

It will be seen that twice as many households in receipt of National Assistance have the home help for at least 7 hours a week compared with households not receiving this benefit, and proportionately fewer have only 1 or 2 hours a week.

There is little indication that those not on National Assistance are less able to care for themselves, for example both categories of households have a similar proportion living alone and permanently housebound It would seem that while every effort is made to avoid a charge where possible for the service, the number of hours allocated is slightly fewer where the cost is not recoverable through National Assistance

3 7 MOBILITY OF OLD PEOPLE HAVING HOME HELPS

One would expect those receiving home helps to be less fit than elderly people in general

While none of the old people receiving home helps was bedfast 40 were housebound permanently and a further 12 people were housebound temporarily though they usually went out The remaining 49 people usually went out

Comparing the home help distribution with the general sample, it is found, as would be expected that a much higher proportion of those getting home helps are housebound

TABLE 18

Mobility of those having home helps compared with the general population

Mobility	Home help	General sample
	%	%
	—	0 2
	—	0 6
	40	9 7
	12	3 9
	48	85 6
No on which % based	101	466

While 40% of the home help sample were housebound permanently, only 10% of the general sample were in a similar position Only 48% of the home help sample usually went out but 86% of the general sample did so

TABLE 19

Comparison of proportions in home help sample having difficulty in performing given functions, compared with the general sample

Difficulty with	Home help	General sample
	%	%
Going out of doors on own	59	19
Getting up or down stairs on own	55	25
Getting about house on own	24	4
Getting in and out of bed on own	18	5
Washing themselves	15	2
Bathing	71	15
Dressing	19	4
No on which % based	101	466

Further evidence of the above may be obtained by examining the capacity for self help of the two samples.

It can be seen from table 19 that those in the home help sample have at least twice and nearly always three times or more difficulty in helping themselves as do those in the general sample,

TABLE 20

Doctors' attendance on general sample compared with those receiving home helps

Doctors' visits	Home help	General sample
	%	%
Subject visits doctor regularly	4	7
Doctor visits subject regularly	18	4
No regular visits	78	89
No. on which % based	97	466

Table 20 shows that Maidenhead G.P.s see those receiving home helps more regularly than those in the general sample. These regular visits are also more frequent, as will be seen from table 21.

TABLE 21

Frequency of visits for those seeing the doctor regularly

Frequency of visit	Home help	General sample
	%	%
At least once a week	14	4
Every 2 or 3 weeks	29	11
Once a month	33	26
Less frequently than once a month	24	59
No. seeing doctor on which % based	21	53

4.0 ELDERLY PEOPLE IN THEIR OWN HOMES—GENERAL SAMPLE

How do elderly people manage with cooking, housework, etc.?

TABLE 22

Person responsible for most of the cooking, shopping and housework

Person responsible for	Cooking %			Shopping %			Housework %		
	Men	Women	All	Men	Women	All	Men	Women	All
Self	11	79	58	27	58	49	11	65	48
Spouse	63	2	21	37	8	17	48	2	17
Shared self and spouse	5	4	4	12	6	8	13	8	10
Child (in law) in household	13	10	11	16	16	16	14	12	13
Child (in law) outside household	1	—	*	3	3	3	2	1	1
Other relative in household	1	2	2	1	2	2	1	3	2
Other relative outside household	—	1	*	1	2	2	—	—	—
Other person in household	3	—	1	1	1	1	3	*	1
Friend/neighbour	1	1	1	1	2	1	1	1	1
Home help/M.O.W./Welfare	1	*	*	—	1	*	1	3	2
Private domestic help/eat out	1	1	1	1	1	1	6	5	5
No. on which % based	149	317	466	149	317	466	149	317	466

*Less than 0.5%.

Only 3% of old people in Maidenhead depended on outside help for their cooking (less than 0 5% having meals on wheels or the home help cooking most of their meals)

While 55% of those having home helps say the home helps do some of the shopping less than 0 5% of the general sample say she does most of it and a further 7 0% say someone outside the household does most of the shopping

2 6% of the general sample had home helps and for 2 1% they did most of the housework while for less than 0 5% they did most of the cooking and shopping

Over 80% of elderly people do the major part of their own cooking them selves or with the aid of their spouse and three quarters do the shopping and housework

Difficulty in doing cooking, shopping and housework

Where the elderly person did most of his or her own work they were asked if they could do it without difficulty 7 people (2 5%) had difficulty cooking their own meals but 26 people (10%) encountered difficulty doing their own shopping—usually with carrying heavy parcels and because of the distance entailed in going shopping 43 people (16%) who did their own housework encountered difficulties—most difficulty was found with jobs involving bending (70% of those with difficulty) and heavy jobs such as turning mattresses etc. (28%)

4 1 DOCTORS' ESTIMATE OF NEED

Doctors do not have to support any application for a home help but in many cases they did so they were asked if in their opinion they had any patients who should have a home help but could not get one 8 of the 15 doctors interviewed thought they had no such patients one did not know how many and 6 estimated that 51 of their patients ought to have them—the estimated need can thus be calculated to be 60

The main reason given by the doctors for their patients not being allocated a home help was that there were insufficient home helps to meet the demand

About one third of the doctors thought that where the home helps were attending they should stay longer and over half thought they should attend on more days a week

Six of the 15 doctors knew of patients who had had their home helps removed suddenly in the past 12 months the estimated number being 10

Seven of the doctors said they had patients who should have home helps or should have them for longer periods but who refused this help because they could not afford the charges We know however that only 11% of old people see their doctors regularly and table 23 below shows that some 50% have not been seen by a doctor within the last 6 months It may be therefore that their estimates under represent the need

4 2 ESTIMATE FROM SAMPLE

The need for home helps is likely to depend mainly on whether the elderly person is able to get about and if not whether there is anyone else either living within or outside the household who helps If not and they are mainly responsible for carrying out the duties themselves whether they do so without difficulty has to be taken into account

TABLE 23

When elderly people not regularly seen by the doctor were last seen by him

When last visited	Persons of retirement age not seen regularly by the doctor	
	No.	%
In the last 2 weeks	46	12
Over 2 weeks and up to 1 month ago	26	6
Over 1 month and up to 2 months ago	46	12
Over 2 months and up to 3 months ago	30	7
Over 3 months and up to 6 months ago	47	12
Over 6 months and up to 1 year ago	64	16
Over 1 year and up to 2 years ago	46	12
Over 2 years and up to 5 years ago	60	15
Over 5 years and up to 10 years ago	18	4
Over 10 years ago	16	4
No. of persons on which % based	399*	100

* Excludes 14 not answering.

It has been shown that a higher proportion of elderly people who were not able to get out and about at the time of the survey needed home helps than did others. We shall now examine household composition as another factor contributing to the need for home helps.

We saw in table 9 that a much higher proportion of home help recipients than of the general elderly population lived alone, and a slightly higher proportion were living with other elderly persons. This would seem to indicate that where an old person is living alone or with others over retirement age, there is a greater need for home helps.

Those not usually able to get out and about

There were 46 people in this category, in households as follows:

Old person living alone	6
Old person with their child(ren)	14
Old person with others 64 and under	1
Old person with others 65 and over	2
Couple living alone	16
Couple living with their child(ren)	4
Couple living with others 64 and under	1
Couple living with others 65 and over	2
	46

Only one of those living alone had a home help, the home help doing most of the shopping and housework, while the old person did her own cooking without difficulty.

Of the 5 living alone who did not have home help, 3 did their own housework without difficulty, 1 did it with difficulty due to arthritis, and the fifth had a private domestic help to do the housework. All 5 did their own cooking without difficulty and had suitable arrangements for shopping.

This suggests that for those living on their own, one had difficulty with housework and needs a home help.

Of the 14 people living with children one had a home help this was a woman of 89 years living with her 65 year old daughter the mother was crippled by rheumatism and the daughter had cancer of the breast and the treatments made her feel unwell Three people were responsible for most of the cooking but none of them had any difficulty in doing it The remaining people did not have to do any household tasks at all Only 1 person required a home help a woman of 78 years who had a stroke and finds it difficult to move—her daughter is at work all day and has to do all the housework when she returns a home help is needed 1 or 2 days a week just to relieve her daughter The one person living with others 64 and under had no difficulty cooking and had the housework done for her The 2 people living with other elderly people managed adequately

Elderly couples, one or both unable to get out

None of the 14 elderly couples living alone (in only 2 cases were both partners housebound) had home helps 4 elderly couples appeared to be in need of assistance In 3 of these the wife was housebound one husband found difficulty with all the housework and was responsible for the cooking and shopping as well another did all the housekeeping and worked full time leaving his wife alone and in the third case the main problem was the cooking which the wife could barely manage The fourth case in need was a couple both of whom were housebound through arthritis and thrombosis They were unable to cope with the cooking or housework and with the previous couple would also benefit from meals on wheels

None of the 4 elderly couples living with their children had home help and they did not need home helps as they managed very well with the aid of their children The 1 couple living with others 64 and under lived with a nephew and grandson and did not need a home help The 1 couple living with others 65 and over had a domestic help living in and managed adequately Thus for those not able to get out there is a need for

Home helps for 6 households
Meals on wheels for 4 persons

Those able to get out

There were 416 elderly people in our sample usually able to get out in households as follows

	No of persons	No of households
[illegible]	90	90
	69	66
	13	12
	28	15
Couple living alone	155	88
Couple living with their child(ren)	49	31
Couple living with others 64 and under	4	3
Couple living with others 65 and over	8	3
	416	308

Of those living alone 5 had home helps all of whom reported no difficulty now that they had her services

Of those living alone without home helps 1 had difficulty with shopping only 7 had difficulty with shopping and housework and 10 had difficulty with

housework only. Most of those having difficulty with the shopping had difficulty carrying heavy shopping but generally overcame it by making more than one trip, using trolley baskets or having friends and relatives help them. Of the 17 having difficulty with housework, 7 had minor difficulties, 7 had children or friends helping them or private help and 1 needed home help. She had a bad leg and found the shopping and housework a continual struggle.

Four of the old persons living with children experienced difficulty with some household task. 2 had difficulty with housework, but 1 of them was helped by the child. The other, a lady of 80, had 2 mentally retarded daughters in their 50s and probably needs a home help. One of the others had difficulty cooking, but managed, and the other person had difficulty shopping, but her daughter always went shopping with her.

An examination of the 27 households containing single old people living with others showed that 1 had difficulty with housework and 1 had difficulty with shopping. In the household with difficulty shopping there was a brother (79) and a sister (81) who did joint shopping—they managed by having goods delivered and neighbours helping them. The woman who had difficulty with housework lived with a friend (49) who helped her. Neither of these households would appear to need a home help.

Of the 88 couples living alone, only 2 had home helps and neither reported any difficulty; of those without home helps, 1 had difficulty with cooking and shopping, 1 had difficulty with cooking, shopping and housework, 5 had difficulty shopping, 4 had difficulty with the shopping and housework and 8 had difficulty with housework only. All the couples living alone had suitable arrangements such that none of them needed a home help, only one needing meals-on-wheels.

None of the remaining couples living with others required a home help.

Thus, for those able to get out and about there is a need for:

Home helps for 2 households
Meals-on-wheels for 2 persons.

Therefore, it can be estimated that the total need is

	Sample (466 persons of retirement age)	Population of Maidenhead Census 1966 (5,960 persons of retirement age)
Home helps	8 households	100 households
Meals-on-wheels	6 persons	75 persons

The old people were asked whether there was anything that would lead them to refuse a home help and only one couple said they would refuse a home help despite the fact that they needed help, the refusal being on the grounds they had had a home help previously and that the service was no good; they also need meals-on-wheels but will not have them. Therefore, the estimate becomes

Households needing home helps	90
Persons needing meals-on-wheels	50

The most urgent need, for those not able to get out, is:

Households needing home helps	75
Persons needing meals-on-wheels	25

When the informants were asked if they themselves thought they needed a home help, 11 households thought they did, of which 2 appeared in our

estimate 6 of the 9 whom we had not included seemed to be managing adequately with the help of friends or relatives and two wanted home help only in the event of their illness

The remaining case would appear to need a home help This woman did not come up in the original estimate because she was looked after by her daughter and therefore had no personal difficulties with housekeeping She was blind and her daughter was at work all day The daughter herself said they needed a home help, particularly to provide her mother's mid day meal This would increase our estimate to 115 households in Maidenhead needing home help

An estimate based on the elderly persons' own assessment of their need would give a figure of 140 households This is somewhat larger than the figure based on our own criteria of need

II HOUSING FOR OLDER PEOPLE

1 0 PRESENT PROVISION

In Maidenhead there were, in December 1965, 263 one bedroom dwellings not all of which were occupied by elderly people. In addition there were 16 bedsitters for the elderly in a converted property with shared bathrooms and kitchens [1]

1 1 WAITING LIST

There is no separate waiting list of old people who apply for rehousing although a separate list is kept for 1 bedroom flats nearly all these applicants being elderly [It is proposed that in the near future a separate old people's waiting list be compiled]

In December 1966 there was a waiting list for 180 dwellings, of which 39 were from people over 60 [The number of elderly applying for rehousing in these 39 dwellings was 51]

All applicants on the waiting list are asked at the beginning of the year to confirm if they still wish to remain on the waiting list and that they are still at the address from which they applied

1 2 FACTORS TAKEN INTO ACCOUNT WHEN ALLOCATING HOUSING

Anyone with 2 years' residence in Maidenhead can apply for rehousing When housing units become available the waiting list is gone through and those with the highest priority are interviewed Persons evicted from property are given priority

There is a separate points scheme for pensioners Where housing is asked for on medical grounds, a letter from the G P is required and the M O H investigates in every case

1 3 WARDEN SUPERVISED DWELLINGS

There are no warden supervised dwellings in Maidenhead, although there are some in other districts in the County The provision of sheltered housing was under consideration

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(1) In November 1967 the Housing Manager reported that 22 warden supervised dwellings had been built and a new contract had commenced which would provide 112 one-bedroom flats suitable for the elderly by 1969

1.4 REHOUSING OF OLDER PEOPLE IN THE PAST 6 YEARS

In the years 1960-1965, 83 dwellings were allocated to people of retirement age or over, as follows:—

1960	...	22
1961	...	6
1962	...	9
1963	...	18
1964	...	22
1965	...	6
		83

The reason for the relatively low proportions in 1961, 1962 and 1965 is because no new property became available for letting.

1.5 FUTURE REHOUSING

Plans had been made for the erection of 230 new dwellings, of which 25%-30% were to be 1-bedroom dwellings, some of which would be for allocation to elderly people. In addition, eight 1-bedroom flats were being erected for the elderly, thus about seventy 1-bedroom flats would be ready for occupation by spring 1966. Tenders were also out for industrialised buildings to accommodate 28 old people.

The Housing Manager said that there would still be an unsatisfied demand for old people's housing.

2.0 PEOPLE REHOUSED IN PAST 5 YEARS

2.1 THE SAMPLE

To get some idea of the background of those being rehoused, an attempt was made to interview all those who had been rehoused from January 1961-December 1965 who were aged at least 60 when rehoused.

The Housing Department provided the addresses of 61 households who had been rehoused between 1961 and 1965 and who they said were aged 60 or over, but subsequently it was found that 1 of these contained a person under retirement age. The remaining 60 households contained 77 persons of 60 and over; 2 of these refused to be interviewed; a third could not be contacted even after 11 calls by the interviewer. 1 man of 60 who was working full-time was omitted in error, but his wife was interviewed.

Thus 73 people (57 households) were interviewed, 95% of those eligible.

2.2 WHEN REHOUSED

According to the old people, 5 of them had been rehoused within the last year (the interviewing was in January 1966), 20 between 1 year and 2 years ago, 20 between 2 and 3 years, 26 between 3 and 6 years, and 2 said that they had lived at their present address for over 10 years. Apart from these 2, who according to the Housing Department had been rehoused in 1961, these figures agree closely with those given by the department.

2.3 AGE, SEX AND MARITAL STATUS

The present ages of men and women in our sample are shown in table 1

TABLE 1

Present age of those rehoused

Age	Men	Women	Both sexes
60–64	—	8	8
65–69	5	13	18
70–74	12	14	26
75–79	4	7	11
80–84	—	7	7
85 or over	—	3	3
All ages	21	52	73

The much larger number of women in the lower age groups can be partly explained by the fact that men tend to marry women somewhat younger than themselves, and in the older groups by the fact that women live longer than men, but there is still a much higher proportion of women rehoused than men

Twelve of those interviewed were single, 31 married and 30 widowed, divorced or separated

The original data show that 14 of the informants were under 65 when they were rehoused, 43 between 65 years and 74 years and 15 between 75 years and 84 years 1 woman, now 90 years, had only been rehoused 1 year previously, but she had moved with her husband who was 12 years younger than she was

2 4 HOUSEHOLD COMPOSITION BEFORE MOVING

Twenty of the old people lived alone before being rehoused and 25 with their spouse only 7 of the other married persons lived also with a married or single child, and 2 with another older person 5 of the 'single' old people lived with children, 5 with other older persons, and 8 with other persons aged under 65

2.5 LENGTH OF TIME LIVING IN MAIDENHEAD BEFORE BEING REHOUSED

None of the informants had lived in Maidenhead for less than 5 years before being rehoused, and only 6 had been there for less than 10 years 50% had lived in the town for 40 years or more

3 0 PREVIOUS ACCOMMODATION

3 1 LENGTH OF TIME IN ACCOMMODATION PRIOR TO REHOUSING

Only 1 person had been in her previous accommodation for less than a year but 11 had lived there for less than 3 years More than half (42) had been at their previous address for 10 years or more

3 2 TYPE OF DWELLING AND AMENITIES OF PREVIOUS ACCOMMODATION

(a) **Ownership/tenancy**

Table 2 shows the tenancy position of households and persons immediately prior to rehousing

TABLE 2

Tenancy of previous dwelling

Tenancy of previous dwelling	No. of people aged 60 and over	No. of households
Owner occupier	1	1
L.A. tenant	20	15
Rented, not Council	33	26
Boarder	12	8
Lived rent free	6	6
All tenancies	72(1)	56

(1) Excludes 1 not answering.

The largest number of those rehoused came from privately rented accommodation. 28% were previously in other Council accommodation (compared with 15% of those in the general old people's sample in L.A. housing). This will be examined in greater detail in section 8.

(b) Sharing amenities

Table 3 shows the number of people with sole use of kitchen, w.c. and bathroom in their previous dwelling.

TABLE 3

Number of persons with different types of tenancies, sharing or lacking amenities

Use of amenities	Tenancy of previous dwelling					All tenancies
	Owner occupier	L.A. tenant	Rented, not Council	Boarder	Rent free	
Had sole use of all amenities	1	15	6	6	4	32
Lacked/shared bathroom only	—	3	17	3	1	24
Lacked/shared bathroom & w.c.	—	—	5	1	—	6
Lacked/shared all amenities		2	5	2	1	10
All persons	1	20	33	12	6	72(1)

(1) Excludes 1 person not answering.

By far the highest proportion of people lacking amenities was among those in privately rented accommodation. The 2 persons in Local Authority housing who lacked all three were the couple whose house was bought by the Council for slum clearance.

4.0 ACCOMMODATION AFTER REHOUSING

4.1 TYPE OF ACCOMMODATION

Six of the old people living on their own were now in bed-sitter accommodation and 67 (51 households) in one-bedroom flats. However, 11 of the one-

bedroom flats were not purpose built old people s accommodation most of these being used to rehouse those already Council tenants

4 2 HEATING

Ten of the 57 dwellings had central heating provided but in 6 of these the tenants used an electric fire or oil heater as well The majority (43) had solid fuel fires 11 of these households also using another fire 2 households used an electric fire only and 2 had a gas heater

Excluding 2 persons who had only recently moved into their accommoda tion 56 said that they felt warm enough in their flat in winter and 15 said that they did not 9 of those who felt cold said it was because of defects in the building draughts etc. 4 could not afford to keep the place really warm 1 blamed poor heating equipment and 1 the siting of the dwelling

4 3 DISTANCE MOVED FROM PREVIOUS ACCOMMODATION

Twenty four of the informants had moved a distance of 15 minutes or less from their previous homes 29 between a quarter and half an hour and 19 over half an hour 1 did not answer Of the 48 who had moved more than 15 minutes away 17 said that they had originally thought of refusing because they wanted something nearer their old home 12 of these had lived over half an hour away Of the 17 8 said they were now satisfied about the move but 9 said they would still prefer to be nearer their old homes the chief reason being that they wanted to be nearer friends or relatives

5 0 DID REHOUSED WANT TO MOVE?

One of the rehoused did not answer this question but of the others 33 said they wanted to move 34 had to and 5 both had and wanted to

The reasons given for moving are shown in table 4

TABLE 4

Reasons for moving

Reasons for moving	Had to move	Wanted to move
Lack of amenities	—	4
Slum clearance	16	—
Health reasons	2	8
Financial reasons	—	2
Pressure from family	7	5
House/garden too b g	1	9
Wanted place of own/security	—	9
House in bad cond tion	—	1
Given notice to quit	6	—
Retired from tied accommodation	6	—
To be nearer children/relatives	—	3
Wanted d fferent location	—	3
House had to be sold	1	—
All reasons	39	44
No of persons answering	39	38

Over a third of those who had to move did so because of slum clearance most of the others moving because they either experienced pressure from their families were given notice to quit their previous accommodation or retired

from jobs which had tied accommodation. The chief reasons given by those who wanted to move were wanting a place of their own, their previous housing being too much for them to manage, and bad health.

6.0 LENGTH OF TIME ON THE WAITING LIST

The length of time people rehoused in the past 5 years had been on the waiting list before being rehoused is shown in table 5.

TABLE 5

Length of time on waiting list before being rehoused

Length of time	Had to move	Wanted to move	All persons
Never	6	7	13
Less than 3 months	2	4	6
3 months but less than 6 months	5	1	6
6 months but less than 1 year	3	—	3
1 year but less than 2 years	2	1	3
2 years but less than 3 years	3	4	7
3 years but less than 4 years	8	7	15
4 years but less than 5 years	1	1	2
5 years but less than 6 years	1	1	2
6 years but less than 10 years	7	4	11
10 years or more	—	3	3
All lengths of time	38(1)	33	71

(1) Excludes 1 not answering.

There is no apparent difference in the time on the waiting list between those who said they had, and those who wanted to move. If, however, we examine the tenancies of the rehoused, a much larger proportion of previous Council tenants (14 out of the 20) said that they wanted to move, compared with 24 out of the 52 old people previously living in private accommodation. Also 28% of the rehoused sample were transferred from other L.A. accommodation, compared with 15% in the general sample at present living in such accommodation. If we look at the reasons given for the move of these old people, we find 7 who said their previous place was too big—2 of these said that the move was suggested to them by a Council official, and another said she *had* to move because she had three bedrooms not in use. 4 people said they had moved to a ground floor flat from a higher one because they could not manage the steps, 3 were moved because of redevelopment, 3 moved to be nearer their families, and the other 3 because they wanted a flat in a different location.

TABLE 6

Length of time on the waiting list of Council tenants

Length of time	L.A.	Non-L.A.	All rehoused
Never	7	6	13
Less than 1 year	9	6	15
1 year but less than 5 years	3	24	27
5 years but less than 10 years	—	13	13
10 years or more	1	2	3
All lengths of time	20	51	71(1)

(1) Excludes 2 not answering.

Let us examine the length of time that Local Authority tenants had to wait for rehousing compared with other older people—see table 6

Sixteen out of 20 persons who were previously in Local Authority housing were rehoused in less than a year compared with only 12 out of the 51 with all other tenancies The most frequent waiting time for the latter was between 1 and 5 years It thus appears that Local Authority tenants who apply for transfers are likely to be found places in purpose built old people's housing much more quickly than other tenants, the factor of making larger accommodation free for other younger Council tenants no doubt playing a considerable part in this

7 0 WARDEN SUPERVISED ACCOMMODATION
There are at present no such old persons' housing schemes in Maidenhead, but the matter is under consideration [1]

8 0 OTHER WELFARE SERVICES
Let us examine whether being rehoused leads to a greater use of the other welfare services Table 7 shows the use of these services before and after rehousing

TABLE 7
Number of people receiving welfare services

Welfare Service	Before rehousing	After rehousing
Home help	1	3
Meals-on wheels	—	3
Health Visitor	1	3
District Nurse	1	2
Welfare chiropody	7	9

Although the numbers receiving the various welfare services are small, there is nevertheless an increased use of them by old people after they have been rehoused

9 0 VIEWING THE ACCOMMODATION AND MOVING
A rather higher proportion of rehoused compared with the other areas we have examined said they were shown over their new accommodation by an official from the Housing Department (24%)—however, a number of them were shown on the same occasion when a demonstration of the central heating system was arranged 11 people did not see the flat until the day they moved in, but 2 of these had moved from an identical flat to a ground floor one, and another two said the accommodation had been seen by their wives 24 of the informants (33%) went by themselves to view the accommodation, 15 (21%) with a friend or relative and 5 were shown round by the previous tenant

Thirty of the old people said that they had less than a week between accepting the flat and the start of their tenancy A further 25 (about 1 in 3) had up to three weeks and 14 had longer than this 4 people could not remember how long they had been given

[1] A scheme of 16 bed sitters and 6 one bedroom flats came into operation in October 1967

Thirteen (18%) said they would have appreciated more time in which to make the arrangements for their move, but the 5 who had made a request for this had had it refused.

9.1 DIFFICULTIES WITH THE MOVE

Only 3 of the old people said that they had any difficulty with getting gas and electricity laid on in their new home; none of them had received any help with this. A third of the tenants did not know that they could have access to the flat before their tenancy started to make measurements, etc. Of these, 11 did not need to make measurements as they used their existing curtains, carpets, etc., 8 waited until they moved in, and 4 had got someone else to make the arrangements.

When it came to the actual move, 50 (68%) of the rehoused had had help with removals from children, other relatives and friends—none were helped by Council officials. Of those who had to arrange everything themselves, 3 said they had difficulty, of whom 2 would have welcomed help of some kind from the Council.

10.0 ASSESSMENT OF HOUSING NEEDS ON LOCAL AUTHORITY CRITERIA FOR REHOUSING

Anyone with at least 2 years' residence in Maidenhead can apply to be put on the housing waiting list, and we saw (5.4) that in fact all those on the rehoused sample had lived at least 5 years in the town. In the general sample of old people of retirement age in Maidenhead, there were only 11 people who said that they had lived there for less than 2 years and would therefore be ineligible for rehousing.

The Housing Authorities say that the highest priority is given to persons who are evicted, and who need rehousing on health grounds.

Let us examine the 72 cases which had been rehoused in the last 5 years (1 was not asked questions about previous accommodation, and has been omitted from the analysis).

(a) Homeless

In the sample of those rehoused, 16 people had to be found Council accommodation because their previous housing was needed for slum-clearance or redevelopment schemes. 7 were given notice to quit or had come to the end of their leases, and another 7 needed housing when they retired from a job with tied accommodation.

Another primary reason for housing need is that old people living with their families need to move when the grandchildren grow older and the space is needed—10 informants gave overcrowding as the reason for their move.

Thus in 40 cases, rehousing was necessary because no accommodation was available, leaving 32 informants whose move was caused by other factors.

(b) Health reasons

Ten people gave health as the reason for their move. 6 of the 10 were already Local Authority tenants, all giving difficulty with stairs as their reason for finding it difficult. In some cases these tenants had merely moved from an upstairs to a downstairs flat, and in one case the woman said that it was a member of the Housing Department who had suggested that the

flat was too big for her to keep clean, and that the stairs were too much for her

Only 4 non-Local Authority tenants were rehoused for health reasons All mentioned difficulty with stairs as the reason for wanting to move, however, in one case the tenant lived in a large 5 roomed house with no bath and an outside w c and found the place too big and in another case, a couple, where the man was working full time and found the stairs difficult, the wife also said that the house and stairs were too much to keep clean

(c) Previous accommodation too big

Nine persons (6 households) gave as a reason for wanting to be rehoused that their accommodation was too big 5 of these people (4 households) were already Local Authority tenants Of the 2 couples who were not previously Council tenants, 1 had been on the waiting list for 11 years The other couple had waited 3 years, living in a rented 6 roomed house with outside w c., and there appeared to be no health reasons to support their move One other person was an owner occupier of a 4-roomed house with outside w c. who had difficulty getting about although she had no welfare services, and could not afford to keep the house in repair

(d) Living in rooms or as boarders

Six people (5 households), all of whom appeared to be active, none having any welfare services, had been living in rooms, sharing amenities or lacking bathrooms and indoor w c.s Most of these had been on the waiting list for between 6 and 10 years

Another woman aged 81 had lived rent free in her friend's 5 roomed house with all amenities but said it was 'not convenient' She had quite a lot of difficulty getting about

(e) Miscellaneous reasons

Six Council tenants (4 households) were rehoused for miscellaneous reasons, 3 wanting to be nearer children 2 complaining of noise and 1 not getting on with her neighbour

Thus of the 32 tenants rehoused other than for slum clearance or being homeless, 17 were already living in other Council accommodation There can be little doubt that being a Local Authority tenant is a major factor affecting rehousing whatever other reasons there may be There are, however, no Local Authority tenants on the housing waiting list It would then seem to us that the best way of estimating the number of people who will require rehousing according to the actual rather than stated, criteria would be best achieved as follows —

1 By checking the housing waiting list to see how many of the people would qualify for rehousing having similar needs to those rehoused, i e those falling into categories (a) (e) discussed previously

2. Examine those in the general old people's sample, who say they want to move and would accept Council accommodation but are not at present on the waiting list to see how many of these fall into the above categories.
3. Examine those in the general old people's sample who say that they would accept Council accommodation if it were offered to them although they at present say they do not want to move, to see if a need is likely to arise.

This estimate will then only exclude an unknown number of people who will need rehousing because of redevelopment schemes, or other unforeseeable changes in circumstances.

10.1 WAITING LIST

There were 39 applications on the waiting list from households containing persons aged 60 or over and all were taken for interview. However, at 3 addresses the named people had moved away (none of these was on the list of those rehoused 1960-65 supplied by the Council). At one address no answer could be obtained after many calls. 1 lady was in hospital with a broken leg but her sister was interviewed, and another was away in London staying with friends with whom she spends a large part of her time. In addition to these non-contacts, there were 2 refusals, 1 by a lady who was ill with bronchitis, but who said that she normally works and needs no help, the other by a daughter who insisted that her father would not see strangers.

The final sample interviewed consisted of 42 people in 32 households, but an examination of the interviews obtained showed that 2 of these no longer required housing. These were:—

(a) A lady of 61 living as a boarder with a friend of 79 who is an owner-occupier. The older lady has never requested rehousing—the younger one whose name was on the waiting list said that since she had come to live with her friend, she had lost her qualifications for a Council place. She had been living in this house for 3 years and no longer wanted to move.

(b) This was the woman aged 77 whose sister aged 89 was a non-contact because in hospital with a broken leg. Her sister has been living with her for a year and she says she would no longer consider taking a Council place while her sister is alive.

Thus of the 39 addresses obtained from the Council waiting list:—

At 2, an interview was refused
At 2, the named person could not be contacted
At 2, circumstances had changed such that rehousing was no longer desired
At 3, the named persons had moved away.

We were therefore left with 30 addresses at which lived 40 people who required housing. The waiting list would seem to be kept reasonably up to date.

Age and sex

There were 10 men and 30 women in the following age groups.

TABLE 8

Age of people on the housing waiting list

Age	Waiting list sample	Age at rehousing of rehoused sample
Under 60	—	3
60–64	5	11
65–69	12	23
70–74	14	20
75–79	5	10
80 or over	4	6
All ages	40	73

The two age distributions are similar, remembering that people under 60 were not included on the waiting list sample although a few people younger than this are sometimes rehoused

Household size and composition

Fourteen of the 30 households were women living on their own (there were no men living alone) and 9 were married couples on their own 2 old people were living with married children and 1 with an unmarried son, 2 with elderly siblings and 1 with elderly friends who did not themselves want rehousing The last household consisted of 2 elderly ladies who wanted to move together

Length of time in Maidenhead

One of the single old ladies said she had only been living in Maidenhead for 9 months but all the others had lived in the town for at least 2 years, 22 of them for 40 years or more

Length of time on the waiting list

Asked how long ago they had applied to the Council for rehousing, only 1 person had applied less than 6 months ago, although 6 more had applied within the last year 5 had applied between 1 and 2 years ago, 19 between 2 and 5 years and 7, 5 years or more ago 2 did not answer the question

Type of tenancy

None of the people interviewed on the waiting list sample were Local Authority tenants which is surprising when a large proportion of those at present in Council old persons' housing transferred from other L.A property, although a third there were never on the waiting list The majority of people, 29 (21 households) were living in privately rented accommodation, 3 (2 households) were owner occupiers, 6 were living as boarders with their families and one married couple were living rent free in a tied house

Reasons those on the waiting list want to move

One informant, a widow of 88 living in a 4-roomed bungalow with all amenities, refused to discuss her reasons for wanting to move The other 39 people can be categorised as follows —

(a) **Homeless**

Twelve people (9 households) said they needed rehousing as they were virtually homeless, i.e., they were occupying the property 'on sufferance' because they had nowhere else to go. This group includes:

Four people (2 households) who want to stop working, but cannot as they have accommodation tied to the job.

Four people (3 households) had already been given notice to leave by landlords.

Two people (2 households) in houses due for demolition.

One person who has no settled home, staying with various friends.

One person who may be asked to move when her grandchildren grow older.

Of these 12 people, therefore, it would appear that 11 (8 households) are in immediate need of rehousing.

(b) **Health reasons**

Eight people (5 households) complained of difficulty with stairs; in addition, 3 of the people (2 households) had other health grounds.

Of these, however, 1 woman (aged 63) says she is in no great hurry to move while she can manage.

Of these 8 people, therefore, it would appear that 7 (4 households) qualify for immediate rehousing by Local Authority standards.

(c) **Present accommodation too big**

Seven persons (6 households), mostly people in their early 70s, said their accommodation was too big and too much for them to manage; their present accommodation all consisted of 5 or 6 rooms, and while in 3 cases the applicants had all amenities, the 3 others lacked bathrooms and indoor w.c.s and complained of the general state of the house. Indeed, one 73-year-old woman who had difficulty with housework, complained she could not use the w.c. in winter as the water in the cistern froze.

When we consider the conditions of those people already rehoused for the reason of having too much accommodation, all these people would qualify for rehousing.

(d) **Living in rooms or as boarders**

There were 4 people (3 households) in this category. One was a married couple in their late 70s living in two rooms, sharing bath, w.c. and a kitchen with 2 other households. The wife had difficulty in going out and using stairs (she is attending hospital out-patients) and found housework difficult, but had no home help. The other 2 people were widows; 1 living, since the death of her husband with her sister, in reasonably good accommodation, but wanting a place of her own; the other, aged 63, working full-time, living with her brother and sister-in-law in a very large house, with all amenities but described as 'damp and antiquated'. The latter had already been offered a place, but refused it on the grounds that it was too far from her work.

In this group, therefore, there are 4 people (3 households) who would qualify for rehousing.

(e) Miscellaneous

One couple live in good accommodation for which they are paying £6 a week The husband, aged 78, is working full time, which, together with his pension of £3 5s, gives him an income of between £10 and £15 per week, and he finds the rent too high

One widow of 85 is living in two rooms in a house which is gradually losing its tenants (she did not explain why—but it is likely it is due for demolition) She has no bathroom, shares a w c. with 2 other households, and says the housing man says she will soon be rehoused

There are 2 other people where rehousing would not appear to be the best solution, because both these widows (aged 76 and 83) need care and attention—they both say they would like to move to a place where there is some care given, 1 wanting a mid day meal provided It is likely that 1 of these would accept a place in an Old People's Home, but the other cannot live on her own, and is probably better off continuing to live with her daughter, who appears to be quite happy to keep her

One married couple (aged 62 and 66) have applied because the husband is anticipating the landlord wanting to sell the property some time in the future, when they will need rehousing, and another widow, aged 69, living rent free with her son wants to move to a 'higher and therefore healthier' location She is quite active, and there appears to be nothing wrong with her health

Of this group, the first 2 cases only would appear to be in need of rehousing

This, then, gives a total need from those on the waiting list of 23 units for 32 people.

10 2 NEED AMONG OLDER PEOPLE IN MAIDENHEAD

Those who want to move and have applied for a Council place

In the general old people's sample of 466 people living in Maidenhead, there were 42 people who said they would like to move and would take a Council place in the town plus 4 who were also on the waiting list sample and have therefore already been considered

Of the 42, 25 said they had applied to the Council for rehousing, 18 of whom thought that their applications were under consideration, although none was on the waiting list according to the Housing Department 5 others were going to apply, 1 was about to be rehoused and 1 said that her application had been turned down This was a widow of 72 living with her daughter in a 4 roomed house with an outside w c She wanted to move because the house was damp and in bad condition, there does not seem to be any reason why she should not be considered at present Let us therefore examine these 25 people to see how many would qualify for rehousing under the Council's criteria

(i) Council tenants

Of the 25, 7 (6 households) were already Council tenants and another a sub tenant in a Council house 1 lady said she expected to be rehoused because she is living in a wartime prefab which is due to be demolished, 3 people (2 households) said they needed a ground floor flat because they

now found it difficult to manage the stairs, and 1 wanted a smaller place because she had 2 spare bedrooms.

The remaining 3 Council tenants do not seem to have sufficient reasons to justify moving them from one Council place to another, as while wanting to be nearer relatives, or not liking their flat, they would not be releasing family accommodation.

Therefore from among Council tenants, 5 (4 households) would qualify for rehousing.

(ii) **Non-Council tenants**

The 1 person living in an owner-occupied house said she was about to be rehoused.

One old lady of 84 was living rent free in two rooms of a house. Although she gave no reason for wanting a Council bed-sitter, she would seem to qualify for rehousing on the grounds of needing a place where she does not share amenities.

One lady of 78 was living as a boarder with her widowed daughter, aged 54. The daughter had poor health and wanted to give up the responsibilities of the house and go to live with her son in Cornwall, so the mother would then need rehousing.

The remaining 14 people (12 households) who had applied for rehousing were all living in privately rented accommodation. All of these except 1 would qualify for housing, having the same sort of reasons as those who have been rehoused, i.e., difficulty with stairs, house too big, bad conditions, etc. The exception was a single woman of 60 who was a headmistress. She lived in a 2-roomed, privately rented flat with all amenities. The reason she wanted to move was that she wanted a larger flat, with less noise from the neighbours.

Thus, of the 25 people who say they have applied for rehousing, 5 Council tenants and 16 non-Council tenants (18 households in all) would appear to qualify for rehousing.

Those not applying, but wanting to move

We will consider next the 17 persons who want to move in this area and would accept a Council place, but have not applied for one. When asked why they had not applied, 5 said they had not considered it because they were owner-occupiers, 5 had not applied because they did not think they stood any chance of being rehoused and 2 had just never thought of it. 5 gave various other reasons, such as their spouse would not move, or that they were afraid of being turned out if their landlady found out they had applied.

Of these people, 6 (4 households) would appear to qualify for reasons or conditions we have already detailed.

Those who do not want to move, but would accept a Council place

It now remains to examine those who at present do not want to move, but who say they would accept a Council place if it were offered.

On examination of the schedules, it appears that the majority of these people are well accommodated, able to manage, and happy, have never seriously considered the need for rehousing, but react favourably when it is suggested to

them We found, however, the following cases where there seems to be some need

Four people (3 households) living in old property needed for redevelopment purposes, who are presumably therefore known to the Local Authority

Three people who would benefit from rehousing (1 couple in their 70s who are obviously finding it difficult to manage in their large house, and another single woman not only sharing facilities, but not being allowed to use the kitchen) Although these persons have not applied, it may be that if housing were available, they would do so, and we will therefore include them in our present estimate

Therefore in our sample of 466 people of retirement age living in Maiden head, we have found 34 people living in 27 households who need rehousing which is equivalent to 345 households in the whole town

If we add to this the 23 households on the waiting list who qualified for rehousing, we have a total estimate of about 370 units of housing needed for elderly people in Maidenhead

III RESIDENTIAL HOMES

The administration of Residential Old People's Homes in the area is the responsibility of the Berkshire County Council The Area Welfare Officer arranges for the admission of elderly people from Maidenhead

1 1 NUMBER OF RESIDENTS

In the district there were on December 8th 1965 2 County Residential Homes, Larchfield and Cannon Hill both with 42 beds In St Marks Geriatric Hospital there was at the time 1 welfare ward with 24 beds, but this was to be closed down and the residents transferred to Boyn Grove, a new Home due to be opened at the beginning of January 1966 Boyn Grove will have altogether 42 beds The County also accepts responsibility for some residents in Voluntary Homes

In the Homes in the Maidenhead district the Maidenhead residents were distributed as follows

Larchfield	27 residents
Cannon Hill	20 residents
St Marks	18 residents
	65

the remaining Maidenhead elderly were distributed as follows in other County Homes and Voluntary Homes

Other County Homes

Larklands (Ascot)	2 residents
Old Windsor Hospital (Windsor)	10 residents
Church Speen Lodge (Speen)	1 resident
Fosters (Woodley)	2 residents
Sotwell Hill (Wallingford)	1 resident
20 Westcote Road (Reading)	1 resident
	17

Voluntary and other Authorities

The Church Army Homes (Bovey Tracey)	1 resident
Middleton Home (Mortimer)	6 residents
Nazareth House (Newbury)	1 resident
Officers Association Homes (Egham U.D.)	1 resident
Chester City Homes (Chester)	1 resident
	10

giving a total of 92 Maidenhead elderly in residential care.

1.2 WAITING LIST AND ALLOCATION OF PLACES

At the time of the survey there were 29 elderly people from Maidenhead on the waiting list.

Application for admission to Part III accommodation is made to the Area Welfare Officer by hospitals (acute, geriatric and mental), G.P.s, relatives and by the old people themselves. The Area Welfare Officer investigates each applicant himself, visiting the applicant at home after he is sure that the relative or G.P. has already discussed it with the old person.

In deciding need, not only the physical circumstances are taken into account, but also the social pressures on the old person, or on the family. Only 'welfare-fit' people can be admitted into the Residential Home, i.e., those who can on the whole get about the Home on their own, and get up off a chair by themselves, even if only with the aid of a frame. The County likes them to be able to dress themselves, although often people need help with putting on stockings and shoes. Incontinence is not a bar to admission, although the staff naturally prefer a very limited number of such residents.

Because the Area Welfare Officer is also the Mental Welfare Officer, some elderly mental cases are sometimes admitted to the Homes, often from mental hospitals when the relatives will not have them back.

Admission to Part III is, however, considered as the last resort. Some of those on the waiting list can still manage in their own homes with the help of domiciliary services, and have their names on the list for the time when they can no longer manage. Because of this, length of time on the waiting list varies considerably, but does not normally exceed 2 years. Priority is usually given to cases from acute hospitals. Those in geriatric hospitals are not given preference, but sometimes exchanges are effected with people in Part III waiting to be admitted to a chronic sick hospital.

1.3 ACCOMMODATION AND STAFFING OF THE RESIDENTIAL HOMES

Cannon Hill is a converted house on 2 floors without a lift. All the men's accommodation is on the second floor, so that elderly men who are unable to manage stairs cannot be admitted to this Home. Larchfield is a purpose-built Home with a high proportion of single rooms. It is also situated on 2 floors and has no lift, but there is accommodation for both sexes on the ground floor. Because of its position in a geriatric hospital, the ward in St. Marks has tended to be used for the more infirm. 1 of the 2 smaller Homes has a matron who is a S.R.N.

The residents can choose if they wish to remain registered with their own G.P., or to register with the doctor responsible for the Home.

1 4 DISCHARGE FROM PART III
Residents are rarely considered fit enough to be discharged from Part III accommodation to their own homes 1 or 2 have been discharged when a friend or relative has offered to take care of them The Welfare Officer felt that although there may be a few who are fit enough to go home, they are likely to deteriorate once they are on their own again There is at present no sheltered housing in Maidenhead, so that the possibility of discharge to warden supervised housing has not arisen

1 5 SHORT-TERM STAYS
Short-term stays, up to about a month are arranged for old people to enable their families to go on holiday or have a rest If a bed becomes vacant in the spring, it is kept during the summer for short term stays In the Maidenhead area there have been no more than about 12 such stays in a year

Old people waiting for permanent admission are also invited to stay for a short time to see if they would like to come in permanently, particularly those who are owner occupiers and might have to sell their own houses on admission

1 6 CHARGE FOR PART III
There is no income bar to being accepted in Part III accommodation, but those with a good income or a few thousand pounds capital are recommended to apply to a private home for admission In the County Homes payment is assessed according to means on the statutory scale with the maximum weekly payment in Berkshire being 7 guineas per week.

The Area Welfare Officers are responsible for collecting the payments from each resident so that they see each one at least once a week. In this way the Matron and local staff are not aware who is paying the full charge and who is not

1 7 BOARDING OUT
The Area Welfare Officer arranges where possible, for an elderly person to live in with another instead of being admitted to Part III accommodation This can be particularly useful in the case of an owner occupier living alone, who may welcome the extra income and company provided by a boarder In one case an arrangement was made for a young unmarried mother and her child to live with an elderly man who is no longer able to manage on his own and is reluctant to give up his home This arrangement is apparently working very satisfactorily

1 8 FUTURE PLANS
The new Home, Boyn Grove, which is due to be opened in January may in the future be extended

Those in Residential Homes
2.1 THE SAMPLE
There were 97 Maidenhead residents in Part III accommodation or in Voluntary and other Homes for whom the County was responsible Of these, 2 men and 3 women were under retirement age, and were excluded from our sampling frame Of the 92 remaining, 22 had been admitted before 1960, and as we

were considering the factors currently or recently being taken into account in assessing the need for welfare accommodation, the remaining 70 were selected for the interviewing sample.

Of these, 3 were ineligible, as it was found they had never lived in Maidenhead, and 4 were dead, leaving 63 eligible residents. 53 of these residents were interviewed. Of those not interviewed, 3 were in hospital, 6 were too mentally confused, and 1 was too deaf to interview.

2.2 AGE OF RESIDENTS

In table 1 the age of residents on entry is compared with their age at the time of the interview.

TABLE 1

Age of residents on admission compared with their age at interview

Age	On admission			At time of interview		
	Men	Women	All	Men	Women	All
60–64	—	3	3	—	2	2
65–69	—	5	5	—	2	2
70–74	5	4	9	—	5	5
75–79	5	12	17	7	9	16
80–84	3	11	14	2	5	7
85–89	3	5	8	4	9	13
90 and over	—	7	7	1	7	8
All ages	16	47	63(1)	14	39	53

(1) Includes 2 men and 8 women not interviewed.

2.3 AGE AT TIME OF INTERVIEW

At the time of the interview 4 of the women residents were under 70 years, and were aged 61, 64, 67 and 69 years, while there were 7 aged over 90 years, the eldest being 96 years. None of the male residents were under 75 and 1 was 90 years old.

2.4 MARITAL STATUS

None of the 53 people interviewed were married (and only 1 woman had been married on admission). 32 of the women were widows, the remaining 7 being single; only 1 of the 14 men was a bachelor, the rest being widowers.

3.0 ATTITUDE OF RESIDENTS TOWARDS THE HOME THEY ARE IN

3.1 WILLINGNESS TO BECOME RESIDENT

Thirty-three people wanted to become residents, 15 people did not want to be residents and 5 people did not answer. The main reasons for wanting to become a resident were the need for care and attention (a third) and housing difficulties (another third); other reasons given were loneliness and not wanting to be a burden on relatives. Of those who did not want to be residents the main reason for becoming a resident was because they realised they needed care and attention; other reasons given were having trouble with children and housing difficulty.

3 2 WHO SUGGESTED BECOMING A RESIDENT

While 33 residents said they wanted to go into a Home, only 9 said it was their own idea The first suggestion usually came from their own doctor (9 cases) or from the hospital (9 cases) Relatives with whom the elderly person was staying prompted the matter in 8 cases and in 5 cases it was a relative outside the household In only 5 cases was the Welfare Officer said to be the person who first suggested becoming a resident, the rest being friends, neighbours, etc.

3 3 LENGTH OF TIME ON WAITING LIST

Thirteen of the residents were admitted immediately, a further 5 (9%) waited less than a month, and 19 (36%) were given a place within 6 months 2 people (women aged 77 and 74 years) said they had to wait over a year and 1 woman, aged 88 years, said she had to wait over 2 years, the rest did not remember

3 4 PREKNOWLEDGE OF WHAT TO EXPECT

Only 2 people (both women, one aged 73 and one 88) said they were told when they first came to the Home that it was for a trial period, the rest regarded it as a permanent arrangement

Only 4 women had gone to see the Home before becoming residents, this being at the suggestion of friends, relatives and the Welfare Department

Nine of the 35 women who had not seen the Home said they were told what to expect, 8 saying it was general reassurance and 1 lady of 72 said 'I'd heard it wasn't a very nice place' 4 ladies said the talk had helped them settle down more easily 4 of the men said they were told what to expect, all saying it was general reassurance 3 of the men felt the talk had helped them settle down

3 5 WHETHER RESIDENTS LIKE THE HOME THEY ARE IN

Over 70% of the residents said they liked being in the Home while a further 20% said they liked it with qualifications 3 people said they disliked the home (all women), 1 said it was very lonely away from all her friends and very boring as there was nothing to do another said it was too stuffy, and the third said she did not like it and wanted a change 2 women said they had not been in the Home long enough to form an opinion

3 6 DISTANCE AWAY

Over a third of the residents were in a Home up to 15 minutes away, a further 30% had lived between 15 minutes and half an hour away, 17% had lived between half an hour and an hour away and 9% (5 cases) had lived more than an hour's travel away from their old home The rest 5 cases, did not give an answer Only 7 people (2 men and 5 women) would have preferred to be nearer their old home, all of them living at least half an hour's travelling time from their old home

4 0 LIVING CONDITIONS BEFORE ENTERING A HOME

4 1 PREVIOUS ACCOMMODATION

Over 60% of the residents had occupied a whole house before they became residents Some 21% had lived in rooms or in a hotel (compared with 4 3% of those of retirement age in the general population) Only 1 person (a woman) had lived in a purpose built Local Authority old person's flat, and only 2 people (3 8%) were Local Authority tenants (compared with 15% of

the general old people's sample). Just over 1 in 4 residents had not held a tenancy or sub-tenancy, but had been boarders.

4.2 AMENITIES
Eight people did not have a mains electricity supply but had a mains gas supply. Only 1 person did not have a kitchen prior to becoming a resident, and 19 (36%) people shared a kitchen compared with only 2.6% of the general sample of old people. 9 people (17%) had no fixed bath and an outside w.c., this being about the same proportion as in the general sample of old people. Only 1 person had no w.c.; this was a woman of 84 years who had been able to get out and about.

4.3 WITH WHOM RESIDENTS LIVED AT HOME
Six of the 53 residents had been in other County Homes before entering their present Home. 5 of these, together with 32 other residents had gone into a County Home from ordinary domiciliary residence (the other having been transferred from hospital). In 2 cases the residence had been a lodging house and in 1 case the informant had no fixed abode (he was a tramp).

The other 15 residents had been transferred from hospital to a Home, all but one, who had worked and lived in at a hospital for many years, having lived privately before that.

Admissions from hospital
Fourteen of the 16 were women, 8 having lived alone. Since they had no one to look after them when they were ready for discharge, they had gone into a Home.

The other 6 women had been living with others before being taken into hospital. These 6 are detailed below:

Single woman, aged 75 years, was housebound permanently due to weakness in the legs and lived with her sister. While she was in hospital her sister had died and she had nowhere to go when she was discharged.

Single woman, aged 64 years, had been a domestic worker in a hospital (as mentioned earlier) and when things had become too difficult for her, the hospital Matron arranged for her to go into a Home.

Widow, aged 74, who was nervous and dared not leave the house where she lived with her married daughter. When the respondent went into hospital the daughter said she could not look after her any more.

Widow, aged 67 years, with heart trouble, was living with her unmarried daughter in 2 rooms, sharing amenities. Presumably the daughter was working, as the mother tried to do the housekeeping, but found it too much for her. She agreed to go into a Home as she was 'too ill to care', and it may be that the daughter was unable to look after her at home.

Widow, aged 93 years, who was totally blind and had extreme difficulty walking because of a broken hip. She had lived with relatives aged under 65 years. While no reason was given for her being in a Home, it seems reasonable to assume that her relatives could not look after her.

Widow, aged 69 years, was a voluntary mental patient and when discharged from hospital could not go back to live with her aunt (who was 75 years old) with whom she had lived previously, as the aunt was being rehoused in a 1-bedroomed flat.

The men who had been admitted from hospital had both lived with others before going into hospital These were

Widower, aged 79 years, who had lived with his sister, who refused to have him back when he was discharged from hospital

Widower, aged 76 years, who suffered from epilepsy and had lived with his married children, his children had considered him a danger to their children and encouraged him to enter a Home

Admissions from own home

Thirty-seven residents had been admitted to a Home from their own homes 19 of them had been living on their own

(a) **Living on own**

Thirteen of the 19 who had been living on their own before admission were women, their ages at admission ranging from 60 years to 96 years, 9 of them being over 80 years old The 6 men had ages ranging from 73 years to 85 years

(b) **Living with married children**

Three women and 1 man lived with married children and in 3 cases there were grandchildren in the household

In all 3 cases where there were grandchildren in the household, the old person said this was the cause of their becoming resident 2 residents themselves decided it would be better for the family and 1 was asked to leave to free a bedroom The woman who lived with her married son who had no children, came into a Home because her son was out of work and could no longer support her

(c) **Living with unmarried children**

Three women and 1 man had been living with unmarried sons or daughters In 1 case the subject's son was working full time and the old man felt lonely so he thought it best to go into a Home A woman (77 years) whose son worked full time had fallen and not been able to get up after which experience she decided to go into a Home Another woman (77 years) was physically able, but her son was getting married and did not have room in his new flat and he persuaded her to enter a Home The other woman who had lived with her daughter had to enter a Home as her daughter changed her job lost the accommodation that went with the job, and could no longer afford to support her mother

(d) **Living with elderly relatives**

Only 1 man and 1 woman lived with relatives over 65 years, in both cases the relatives being siblings The woman's sister, who held the tenancy, died, so she had to leave and had no where else to go The man had lived with his brother and sister, until his sister died He was likely to fall down, could not manage much and his brother could not look after him

(e) **Living with relatives under 65 years of age**

There were 3 women and 1 man living with relatives under 65 years. 1 woman (89) lived with her niece whose husband died so that she had to go out to work; the old lady could not be left alone. Another woman (81) had lived with her sister and husband and came into a Home to allow the sister more freedom. The other woman (85) who was housebound had lived with her married nephew and had been put into a Home against her will by him (though she was vague on exactly how she came to be in a Home). The man (89) had lived with his cousin and wife and had come into a Home when his cousin's wife became ill and could no longer look after him.

(f) **Living with others**

One woman (71) had lived as a companion until the situation became too much for her and she entered a Home. 2 men had lived with others, 1 lived with a non-relative under 65 and felt lonely so he came into a Home. The others had lived with elderly non-relatives and for some reason (which he would not give) had been forced to leave—so he entered a Home.

(g) **Living with spouse**

Only 1 person (a woman) had lived with her husband, but on becoming ill entered a Home to be looked after: the husband died while she was in the Home.

5.0 ABILITY TO LOOK AFTER THEMSELVES

Eleven of the men and 25 of the women (70%) said they were able to get out and about before they became residents. 1 man and 9 women had been housebound permanently, 2 men and 5 women had been housebound temporarily—usually being able to go out just prior to entering a Home. None was bedfast. However, 8 of those who were able to get out did so with some difficulty.

The number of residents who, prior to admission, had some difficulty with locomotion or self-care is shown below:

	No.	%
Difficulty in going out of doors	26	49
Difficulty in going up and down stairs	25	47
Difficulty getting about the house	10	19
Difficulty getting in and out of bed	4	8
Difficulty dressing	2	4
Difficulty washing	2	4
Difficulty bathing	23	43
No difficulty with any of the above items	15	28

As regards housekeeping, just over a third of the residents had done their own cooking and shopping without difficulty, and just under 10% did these duties themselves, but with some difficulty. Nearly a third were cooked for. and a fifth had most of their shopping done, by someone else in the household.

Housework presented the most difficulty; 15% did most of it themselves without difficulty, and 20% had difficulty, but had to do it themselves.

5 1 HEALTH AND WELFARE PROVISIONS

Two of the men and 7 of the women had home help prior to becoming residents (17% compared with 2 6% of the general population of elderly people)

Two men and 8 women had been having meals on-wheels (19% compared with 1 5% of the general population of elderly people) 7 residents had been visited by the District Nurse (13% of residents compared with 2 4% of the general population of elderly people), and 3 persons had been seeing the Health Visitor (11% of residents compared with 1 9% of the general population)

Six residents (2 men and 4 women all aged over 75 years) had been using the chiropody service

One man and 4 women had been seeing the doctor regularly, 2 of them at least once a week, 1 once every 2 or 3 weeks, the other 2 not saying how often

5 2 ABILITY IN GETTING ABOUT

If we look at the mobility of the residents who lived at home immediately before entering a Home, we find that just over 70% had difficulty in getting about (26 people) including 7 who were housebound A lower proportion of those living with children had difficulty getting out than other groups as can be seen from table 2.

TABLE 2

Mobility of residents immediately before coming into Home

Living –	Housebound	Difficulty going out	No difficulty	Total
On own	3	5	11	19
With spouse	1	—	—	1
Married children	—	—	4	4
Unmarried children	1	—	3	4
Elderly relatives	1	2	—	3
Other relatives	1	2	1	4
Non-relatives	—	1	1	2
All residents from home	7	10	20	37

6 0 NEED FOR RESIDENTIAL PLACES

There are 2 points to consider The first is are the present residents best served by living in a Home, or should they be living in a domestic household, the second is, are there any elderly people who are living in such circumstances that they would be better off in residential accommodation

Let us first consider those now in Residential Homes Since need of places is to be measured against the Authority's criteria, there would seem to be no reason to question whether all those people in Residential Homes ought to have been there in the first place From looking at the schedules it would seem that many of those going into the Home needed more care and attention than they could get at home It would appear, however, that lack of adequate housing is one factor that is taken into consideration, and we did examine the cases to see whether some of those becoming residents did so only because satisfactory accommodation could not be found

Looking through the cases where the immediate reason for people becoming resident might lead one to suggest that making appropriate housing available, or giving supportive services, might have enabled them to live in their own homes, it became apparent that residential care was the best solution.

In most cases, where a person had lived with others and been catered for by others in the household, and for some reason wanted or had to give up this accommodation, they were in their late 70s or 80s, and it would seem unreasonable to expect them to cope with their own household responsibilities, even with supportive services.

There were 2 cases where rehousing might have been more appropriate:

1. A widower of 73 at the time of admission had been living in accommodation provided by his employer. On termination of employment he lost this accommodation and could not find a new place. He had no difficulty with any of the household tasks. He did not want to go into a Home, but had no alternative.
2. A widow of 76 had lived with her son in a rented house with all facilities, she did household tasks without difficulty and was quite active. The son gave up the house to get married and the respondent had nowhere to go. so entered a Home.

   Whatever the need was when the present residents went into a Home, it is clear that at this stage there would be no real possibility of their giving up their places, and setting up home again themselves.

   Seventeen of the residents had been housebound before entering a Home. 3 of these say they can now go out, but a quarter of those who could get out all right before, are now housebound. More of them are finding it difficult to get about easily.

   Perhaps the best measure, now that they *are* residents, is to consider only those who do not want to remain in the Home. to see whether they ought to be living in their own homes.

6.1 WHETHER RESIDENTS WANT TO STAY IN A HOME

Four residents wanted to leave and set up homes of their own again, 1 man aged 79 years and 3 women, 2 under 70 years and 1 over 85 years.

(a) Widower of 79, has been in residence for under a year after being admitted from hospital (no mention of what he had been in hospital for). Prior to going into hospital he had lived in a room in his sister's house and paid rent, living as a separate household. The respondent had eaten most meals out and had no difficulty doing the housework. He had no health or welfare services and only saw the doctor when necessary. He could not return to his sister's house as they had argued and she refused to have him back. Earlier in the interview the resident said he liked the Home very much and did not miss anything, but gave as his reason for wanting a place of his own the fact that he missed the freedom to do what he liked. While he thought he could manage all the domestic tasks without help, he thought he would need help to furnish.

(b) Widow, 86 years, has been in the Home for less than 6 months. She was housebound before entry and still is, due to a weakness in the legs resulting in a tendency to fall down. She had lived with her husband, who had cancer of the lung. The respondent had a home help, meals-on-wheels. District Nurse and the Health Visitor and her doctor called regularly (more

than once a week) She had done most of the cooking without difficulty, her husband did the shopping and the home help the housework She was advised by her doctor to go into a Home as her husband could no longer manage, he has since died. She wants to set her own home up again because she misses her 'freedom' but would need help with refurnishing and a home help

(c) Widow 61, who had been in residence for just over a year She was housebound at home (and still is) due to nervous shock at the death of her father which had affected her legs She had lived alone in 1 room, and had a home help meals on wheels and the District Nurse calling a relative outside the household did most of her shopping most of her meals were provided by the meals on wheels service and the home help did most of the housework Since entering the Home her physical condition has improved—she can now get about the house and wash herself without the difficulty she had when she came in The informant wants to set up home again because she has improved physically and feels she is taking up a place that someone in greater need is waiting for She says she would need help refurnishing a home help meals on wheels and financial assistance

(d) Widow of 69 who had been in residence for 2 months and previous to that had been in a mental hospital Prior to this she had lived with a 71-year old aunt, the aunt doing all the household tasks in a rented house, but she was physically fit and able She misses her old home and her aunt, but gave as the reason for wanting a place of her own the fact that she had been used to having a place of her own where she had privacy and could please herself as to what she did The respondent did not think she would need any help at all in setting up a new home for herself

In case (a) the resident was obviously quite happy in the Home and probably never thought about leaving until we asked him whether he would prefer a home of his own He would probably be better off staying where he is

Case (b) the old lady is 86 years and housebound with many difficulties and would probably not manage at all on her own even with domiciliary help

Case (c) might be all right in a place of her own in a purpose built old people's flat (on the ground floor) with supportive services

Case (d), since she was in a mental home for 2 years before being allocated a place it would appear likely that she would be better off in a Home

It would appear that cases (a) (b) and (d) should be in a Home regardless and case (c) with regard to the comments above should be encouraged to live on her own

6 2 NEED AMONG PEOPLE LIVING IN OWN HOMES

The Welfare Department had a waiting list of 29 elderly people for residential places no date of application for the waiting list was given

All 29 people were included in the sample set of these 3 had died (all women) one 3 months before the sample was drawn and another over a year before A further 9 people were no longer at the address given 1 had gone to stay with her daughter 2 had moved into private nursing homes and 6 were in hospital The other 2 people not interviewed were a married couple (husband aged 97, wife aged 95) both being ill with bronchitis and being looked after by

a niece. They normally have a home help 3 days a week and receive friendly visits from the W.R.V.S. Both partners are housebound permanently, but the doctor does not call to see them regularly.

Therefore if the waiting list was up to date it would consist of 15 people living in their own homes, 6 in hospital, and 4 in nursing homes, who may only be there as an interim measure, and still need Part III if it were available, of whom 15 informants (13 living in own homes, and 2 in nursing homes) were interviewed. They can be classified as follows:—

(i) Two women in private nursing homes who do not know whether they need a place in a L.A. Home.

(ii) Three people (a married couple and a single woman) who applied for residential places, but due to changes in circumstances or other reasons, would refuse a place.

(iii) Two people (1 man and 1 woman) who no longer want to go in but probably would accept a place if offered.

(iv) Five people (4 men and 1 woman), who still wanted to go in and would accept a place if offered.

(v) Two people (1 man and 1 woman) who said they never had any idea of entering a Home, and did not say whether they had applied or not.

This does not mean that all those who would accept a place need to be in a Home, or that those who say they would refuse now no longer need it, or could not be persuaded. We would have to examine these cases, and try to decide whether something needs to be done, and what would serve their best interest.

(i) Applied but already in private Home (not at Local Authority expense) and would like to stay

(a) Widow aged 85, resident in private nursing home, Her doctor applied for her as he thought the expense might be too great in the near future, but she would prefer to stay where she is as long as possible. (She is able to get about quite well.)

(b) Widow aged 84, resident in private nursing home. Her elder daughter applied for her as she thought the expense, that a younger daughter bore in supporting her mother in the nursing home, was too great. The respondent thinks the nursing home 'couldn't be better' and wants to stay. (She is able to get about quite well.)

Both of the above cases are not in need of a residential place as long as they are financially able to stay in the nursing home. However if their finances failed, at their ages it would be unreasonable to expect them to set up home again and they would need residential places, despite the fact that they seem physically capable of running their own households.

(ii) Applied but no longer want to go into Home

(a) A married couple both aged 78; they both go out, but the husband does so with difficulty as he has a heart condition. At the time of the interview they were living in a hotel (rent free as their son was a partner in it) and the only welfare service they had was the District Nurse who called

on the husband The son had applied for them as he thought his father needed care but since then the couple had bought a maisonette which they were moving into

(b) Single woman aged 70 lived in a 5 roomed house on her own having no difficulty She applied for a Home after a breakdown when she had felt very lonely but her brother persuaded her to go into hospital to recuperate and she returned home after that She had now made a new friend and this plus the fact that she did not want to lose her home would now lead her to refuse a place in a Home

In case (a) the couple would not need residential places if in their new house they were provided with a home help and the District Nurse continued to call

Case (b) appears to be managing very well and does not need a residential place

(iii) No longer wants to go—but probably would

(a) Single woman aged 76 years living by herself in 2 rooms She does all her household tasks without difficulty and has no welfare services (but from what she says probably needs a special diet) The respondent applied for a place because she was very lonely and though she still is has changed her mind because she would not like to leave the place she has lived in for 33 years But she could very probably be persuaded to enter a Home

(b) Widower aged 81 years living alone in a 3 roomed flat (ground floor of a house he owns letting the upper floor off) He is permanently housebound and gets meals on wheels 5 days a week his tenants upstairs doing his shopping and housework The respondent applied for a place because he thought he needed care but his doctor told him Homes were not for people like me who need care but for people who can go out and look after themselves This changed his mind about going into a Home

Case (a) it would appear does qualify for a place in a Home as one of the L A s criteria is loneliness [see cases under section 5 3 (c) and (f)] but this is not given a high priority

In case (b) it appears that the respondent has been misled by his doctor and would go into a Home if a place was allocated

(iv) Still want to go into a Home

(a) Widower aged 85 years—living with his son daughter in law and 3 grand children (aged from 2 to 11 years) in a 6 roomed house The subject suffers from arthritis and general ailments and is housebound—he is looked after completely by his daughter in law The daughter in law applied for him to enter a Home after he had been in hospital the respondent would like to go into a Home as he spent a fortnight in one as a short stay case and he feels his children should not have to look after him as well as bring up 3 small children

(b) A 72 year old married man (his wife was in a mental hospital at the time of interview)—lives alone in a 4 roomed house The respondent is housebound has heart trouble and becomes breathless—he does his own

cooking but has no appetite; the home help does the shopping and housework. The doctor visits him about once every 2 weeks, and the Welfare Officer calls to see how he is. The doctor suggested he go into a Home. He is very lonely without his wife and said 'The home help just talked to me today and that was more valuable than doing housework'.

(c) Widower aged 88 years living with his stepson, step daughter-in-law and a 70-year-old boarder in a 5-roomed house. The man is quite fit and usually goes out; he does no household tasks and receives no welfare services. He says his daughter-in-law is very nervy and Hungarian, so he wants to go into an Old People's Home.

(d) Widower aged 75 years living on his own in a bedsitter. He usually goes out, and he does all his own household tasks without difficulty. His daughter suggested he go into a Home and applied for him: he thinks it a good idea and wants to move from his present bedsitter because it is expensive (£3 10s. p.w. when his total income is only £6 1s. p.w.), and very damp. But the respondent did say that if he could find a cheaper and dryer bedsitter, he would rather continue living in that manner than become a resident.

(e) Widow, aged 83 years, living by herself in a 2-roomed Local Authority old people's flat. The respondent is temporarily housebound, she cooks for herself, except 2 days a week when she has meals-on-wheels, and the home help does her shopping and most of the housework; the Health Visitor calls on her, but she only has the doctor when necessary. She wants to go into a Home because she thinks she would live longer with it being the same temperature all over the Home.

Cases (a)-(c) would benefit from a residential place, while (d) would be best rehoused and (e) seems to be managing quite well as she is.

(v) **No inclination to become resident—do not appear to know they are on the waiting list.**

(a) Widow aged 80 years living with 21-year-old male lodger in a 5-roomed house. She is fit and has no difficulty doing any of the household tasks, has no welfare services and only sees the doctor when necessary. The respondent said she had never thought of going into a Home and appeared to know nothing of any application made on her behalf.

(b) Widower aged 83 years living with granddaughter, her husband and 3 great grandchildren (ages ranging from 1 year to 6 years) in a 4-roomed house. He is quite fit, only having difficulty going up and down stairs, and does not do any of the household tasks. He said he had never seriously thought of applying for a residential place, but would not mind going into a Home for a few weeks to give his granddaughter a rest. It may well be that the granddaughter had made the application without telling the old man. From looking at the schedule he may be a difficult man to live with, as he had many grumbles about how he was treated by various authorities.

Case (a) appears to have no need at all of a residential place, but in (b)'s case it looks as if a residential place would be desirable.

(vi) The last case does not fall under any convenient heading. The informant

suffered from a heart disease and extreme shortness of breath, so much so that she became breathless less than a third of the way through the interview and could not tell us anything about who applied for a residential place for her, or her thoughts on the subject

The respondent is single and 74 years old, living on her own in a L A old people's flat, she is permanently housebound and cannot do any of the household tasks She has a home help for 3 days a week

Although we have not got much to go on what we have indicates that the above lady would benefit from a residential place

Thus for the 25 cases on the waiting list,

- 8 do not need places
- 1 needs a place but probably would not accept one
- 4 need places and might accept (including a married couple aged 97 and 95 who were too ill to be interviewed)
- 3 need places and definitely would accept
- 3 need places but we do not know whether they would accept or not (including 2 not interviewed as recently entered nursing homes)
- 6 not seen—in hospital, probably will need places

Those not on waiting list

We know, however, that of those already resident some have never been on a waiting list, and circumstances can change so rapidly with the death of a partner, etc., that there is an immediate need There are likely therefore to be others not on the waiting list who need residential accommodation

In this area there appears to be no one group of people who are clearly more likely to need residential places by L A criteria except that residents are likely to be over 75 years and unlikely to be married as opposed to widowed or single It must be remembered that going into a Residential Home is usually a voluntary action, in that while it is possible for an Authority to get an order of removal, these powers are rarely invoked

Filling residential places therefore depends on

(i) people asking for places themselves found to be needing them and then agreeing to go,

(ii) The Authorities finding people in need, and persuading them to go

It is much easier to persuade people already in hospital 'permanently' or who have no home to return to, to go into a Home than it would be if they were living in their own homes Indeed, as a few of the residents told us, they did not want to go, but had no choice

If, therefore, we accept that the 16 people on the waiting list whom we found to need places could be persuaded to take them, and add a proportion of places for those *not* on the waiting list who might need places immediately, this figure would give a measure of current need

We know 10 of the 53 elderly residents we interviewed said they were admitted immediately, i e without being on the waiting list Of these, 7 were admitted from their own homes and 3 from hospital It is likely that those admitted from hospital had been on the waiting list but not known of it as it seems likely they were taken into hospital while awaiting a place in a Home

So it would appear that 7 of the 53 residents were unknown to any of the welfare agencies until immediately before they needed a place if we take this proportion as indicating the need which might arise suddenly, we can calculate

there are 2 old people unknown to the Authorities who are in need of residential places. This means that a total of 17[1] extra places would be needed to house all those in Maidenhead who are likely to approach the Welfare Department, or to be brought to their attention by referal agencies.

This figure is an underestimate of the number who would be allocated places at the present time, as it makes no allowance for those who will be given places in a Residential Home because they cannot continue to live in their present housing, but the object of the exercise was to calculate the number of elderly whose needs could be best met by residential accommodation.

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[1] We calculated that there were 18 old people in Maidenhead needing places, but since we found 1 person already in residence who could be discharged (and wanted to be), her place was considered as available and the estimate reduced to 17 places.

HOLYHEAD U.D.
ANGLESEY

CONTENTS

1 HOME HELP SERVICE

The Medical Officer of Health for Anglesey is responsible for the Home Help Service in the whole County and the Home Help Organiser provided the requested information on the service on December 14th 1965

1 0 PRESENT POSITION

In the previous week there were 2 full time and 12 part time home helps (all women) working in the Holyhead area They worked in total 202 hours 190 of which were with cases involving elderly people There were at the time 19 elderly people and 1 person under 60 having home helps in Holyhead The hours allocated to each case varied from 8 to 15 a week

Requests for the service are received from doctors, District Nurses, Health Visitors, hospital medical social workers and voluntary organisations as well as from the applicants themselves The Organiser visits and assesses each case herself and only in cases of doubt is a doctor's certificate required There is no income bar to receiving the service

1 1 HOME HELPS FOR PEOPLE LIVING WITH OTHERS

An old person living with her son or daughter who is out at work can be allocated a home help to do those rooms, or services, used by the old person herself Help is withdrawn, however, when the younger person is at home on leave, and is not given in cases where the son or daughter is not out at work The Home Help Organiser mentioned a particular case where a home help has been allocated to an elderly woman whose husband and son are normally out at work When either is at home on holiday the help is withdrawn

1 2 DUTIES OF THE HOME HELP

The duties normally undertaken by the home helps include any household work usually required in a household such as sweeping dusting cleaning and polishing They may also make fires and carry coals, make beds and wash and mend a reasonable amount of clothing and bedding and clean windows They may do any essential shopping but only at local shops and collect pensions In some cases the National Assistance Board has made the home help the agent for the old person's allowance

The home helps may help old people to go to the w c or empty chambers They may also prepare meals and wash up

Although home helps are not supposed to help old people to wash and *dress themselves, this being the duty of the District Nurse, they frequently do* They are also not allowed to wash down walls or paintwork but again frequently do so Home helps are not expected to do any gardening and, in fact, this is usually done by local schoolboys

When a home help is allocated to an individual, both the applicant and the home help are given a list of the duties which the home help is allowed to do

1 3 CHARGE FOR THE HOME HELP SERVICE

There is a scale of charges laid down by the County, the maximum being the rate paid to the home helps, 4s 2½d per hour (to be increased to 4s 5½d per hour in January 1966) There is a minimum charge of 15s per week irrespec tive of the number of hours worked The minimum charge is made in all cases receiving National Assistance, and the National Assistance Board makes

the elderly person an allowance of 15s. per week to cover it. In all other cases, except those who opt to pay the full cost, the weekly charge is assessed according to income. In accordance with National Assistance Board scales in the case of pensioners, the first £100 capital is disallowed, and 6d. is assessed for each £25 over that. The full cost is charged to pensioners with more than £600 capital. Those paying the full cost can be liable to pay the employer's part of the National Insurance contribution. (Many of the part-time home helps only attend 1 case each.)

In cases where an elderly person is receiving a pension, but not National Assistance, an effort is made to persuade the person to apply to the National Assistance Board for an allowance to cover the 15s. minimum charge. To date this has been achieved in all such cases. The Organiser said she did not think there was anyone with a home help who could not afford to pay the charge, nor anyone who had given up having a home help because they could not afford to pay.

1.4 REVIEW OF NEED

The Home Help Organiser tries to see each case receiving help every 3 months, at which time a new form is completed for those paying an assessed charge. In reviewing the need, the number of hours allocated are changed if necessary. Many people are allocated more hours in the winter when fires have to be made, and some bronchitic cases only need help in winter when they are ill.

During the previous 3 months to the discussion, however, in no case was the service discontinued, either as a result of the review or on the request of the applicant. It has never been necessary either to discontinue or to reduce the hours of the service because of maternity or hospital discharge cases. In fact, there is in Anglesey little demand for the service from maternity cases.

1.5 CONTINUITY OF THE HOME HELP SERVICE

It is the policy of the Organiser to send the same home help, whenever possible, to individuals. In fact many of the home helps are neighbours co-opted to help one particular person, and cannot be transferred to other cases. This is more applicable to the rural areas of Anglesey than to Holyhead. In some cases of difficult old people, the home helps become 'choosey', and do not want to stay with the same person.

1.6 RECRUITMENT OF HOME HELPS

At present there is an adequate number of home helps for the service, and there is no laid down limit to the number in the establishment. There are difficulties of recruitment, particularly during the summer when the hotels and holiday resorts are employing domestic labour.

Home helps are recruited through the Ministry of Labour, by advertisements in newspapers (there have been very few replies to these), by word of mouth and, as mentioned above, amongst neighbours who are already providing some assistance.

1.7 CONDITIONS OF WORK FOR THE HOME HELPS

The home helps are paid on an hourly basis which includes travel between jobs, but not from home to work. The only exception to this is if a home help has to travel in from outside Holyhead, when this travelling time is paid. The

full time home helps who work a 40 to 42 hour week usually spend about 3 hours travelling The home helps are issued with green industrial overalls They receive no training

1 8 OFFICE STAFF

The Home Help Organiser works on her own with clerical assistance for two thirds of the week from one of the staff of the Health Department which she finds is adequate

2 0 INTERVIEWS WITH PEOPLE RECEIVING HOME HELP

In order to find out more about the people who were being helped and what the home help does for the elderly an attempt was made to interview all 19 households with elderly people who were getting the services of a home help

At 4 addresses interviews were not obtained for the following reasons 1 address was an empty house at 2 addresses the householders were ill (1 being in hospital and the other staying with her son) At the fourth address the householder was mentally confused and had also recently suffered a stroke

There were 2 people for whom proxy interviews were taken these interviews being included in the analysis for factual questions only

Thus for the factual questions the total is 15 households and 16 persons and for the non factual questions where the proxies were excluded the number is 14 households and 14 persons

The numerical basis of this report is very small compared with other areas which would make the presentation of the data in tabular form pretentious Since however all cases were taken there is no sampling error to be taken into account

2.1 AGE AND SEX

There were 16 elderly people in 15 households 1 man and 15 women The man was aged 69 the women being between 63 and 85 years old 8 of the 15 women were in the age group 75 79 and 2 were 80 or over Only 3 women were under 70

2 2 MARITAL STATUS AND HOUSEHOLD COMPOSITION

The man and 12 of the women were widowed 3 women being single Most of the informants lived alone 2 sisters both aged 65 or over lived together 1 woman with an invalid son and another had a 40 year old boarder

2 3 ABILITY TO GET ABOUT AND LOOK AFTER THEMSELVES

One of the informants was permanently bedfast and 7 permanently housebound and 8 could usually go out although 3 of these were temporarily housebound at time of interview and 5 could only go out with difficulty

Almost all those getting home helps had difficulty with stairs and a number could not get in and out of bed or bathe themselves without difficulty 6 found it difficult to wash themselves and 3 to dress themselves

2.4 INCOME

All but 1 of the people having a home help were drawing National Assistance and the N A B paid the 15s minimum charge for home helps The woman

not receiving Assistance had a total income of less than some of those getting N.A., but was paying over 10% of her total income for the Home Help Service.

2.5 TENURE OF DWELLING

Half the people having home helps were Council tenants, about twice the proportion as in the general sample of elderly. 3 were owner-occupiers, and the rest rented their accommodation, with one exception—a woman living rent free in a house owned by her son, who was in a mental home.

On the whole, those receiving home helps appear to have better amenities, such as indoor w.c.s and baths, than other elderly people in the area, but this is probably because a higher proportion are Council tenants.

3.0 NUMBER OF DAYS AND HOURS A WEEK HOME HELP ATTENDS

Four of the 16 recipients have the home help every day, although in some cases this is because the home help does unpaid duties, and 5 have the home help every day except Sunday. In 4 cases the home help attends 5 days a week, in 2 cases 4 times, and in 1 case on 3 days.

The most usual number of hours allowed is 9 per week (8 cases), although in some cases the recipient told us that the home help stayed longer than she was supposed to, 1 home help staying twice as long as her official hours. Two people were officially allowed 14 hours a week, although even in one of these cases the recipient said the home help stayed longer.

In only 3 cases does the home help start work before 9 o'clock, and another 6 start between 9 and 10 a.m. 6 more start between 10 and 11 a.m. and 1 at 1 p.m.

3.1 DUTIES CARRIED OUT

Home helps do any household job necessary. They dust, sweep, polish and clean floors and do shopping for all recipients. In most cases (11 out of 16) they make the fires. One L.A. tenant has central heating and another has gas fires, so this duty is not required. In 1 household (2 persons) the sister manages to do the fires herself (the home help does not arrive until 10 a.m.), and in another, where the home help arrives at 1 p.m. 3 days a week, the 78-year-old lady says she can just manage to do them, although sometimes her hands are very stiff.

On days when the home help does not call, she will bring in the coal, and leave it ready for the elderly person to make the fire herself, or more usually a neighbour or relative will pop in and make it.

In half the cases the home help collects pensions, makes tea, or gets light meals, and does the washing up. They make the bed for most people, and do laundry for all except 3 of them, in some cases taking it home with them and using their own washing machines.

Most of the recipients are able to wash themselves, but the home help performs this duty for 3 people.

3.2 WHETHER RECIPIENTS WANT MORE HOME HELP TIME OR DUTIES

None of those having the services of a home help complained that they wanted anything done which the home help refused or was not allowed to do, and most of them thought they were getting as much help as they needed. There

were 6 households however who would have liked the home help to stay longer

The housebound man who has a home help for 2 hours 6 days a week (his niece helps him on Sundays) says that by the time she has made the fire and bed and got his breakfast and washed up helped him wash and done the shopping she does not have all that much time for cleaning.

A household where the elder sister is bedfast and the younger has a bad heart has a home help 6 days a week for 1½ hours They only use the down stairs rooms as this is the only way they can manage but would like the upstairs rooms cleaned occasionally

One housebound woman of 82 who has a home help 2 hours every day *wants her for company and to get her tea This woman is on the waiting list* for a residential place

Another 79 year old woman who wants to go into a Home but is not on the waiting list would like her to come on Saturday and Sunday as she is very lonely

Another woman says her home help is officially supposed to stay 1½ hours 6 days a week but stays much longer she would like her windows and paint cleaned occasionally which the home help now does in her own time

Another woman who recently broke her arm would like the home help to stay longer while her arm is mending to get her meals The home help goes 7 days a week a total of 8 hours and 3 dinners are delivered from an Old People's Home but she finds it difficult at the moment to get the rest of her meals

3 3 OTHER WELFARE SERVICES

Two of those having home helps also have meals on wheels delivered twice a week (the proportion of those 65 and over in the general sample was 1 5%) and 1 is treated by the District Nurse (compared with 2 3% of those 65 and over) 3 people say they have visits from the Health Visitor (1% of the elderly population) but there is some doubt here as they may be confusing the Home Help Organiser with the Health Visitor

It seems therefore that a higher proportion of those having home helps have other welfare services but if more were given meals on wheels it might well release the home help for other activities

Seven of the 16 see their doctor regularly and all but 2 of the others had seen their doctor during the 6 weeks preceding interview This is a higher proportion compared with elderly people in the general population (30% seeing their doctor regularly) and as would be expected more of these regular visits are made by the doctor to the patients at home rather than the patient going to the surgery

The doctors in Holyhead were asked about the home help service and how their elderly patients were affected they were first asked if they had any patients in need of a home help who did not get one 2 of the 8 doctors had such patients and between them they thought they had about 10 such patients The doctors thought their patients were not getting the service partly because of a lack of home helps and partly because they did not want to pay for the home help

When asked if they had any patients already receiving a home help who needed more time 6 G P s said they had patients who needed the home help

more hours a day, and 4 G.P.s thought their patients needed them on more days a week.

Only 3 of the 8 G.P.s thought they had patients who did not have a home help or have her long enough because they could not afford it; their total estimate of such patients was 8.

None of the doctors had elderly patients who had had their home helps suddenly removed within the past 12 months.

4.0 ELDERLY PEOPLE IN THEIR OWN HOMES—GENERAL SAMPLE

How do elderly people manage with cooking, housework, etc.?

TABLE 1

Person responsible for most of cooking, shopping and housework.

Person responsible for	Cooking %			Shopping %			Housework %		
	Men	Women	All	Men	Women	All	Men	Women	All
Self	15	79	61	23	63	51	17	67	53
Spouse	62	2	19	50	4	18	50	2	17
Joint self/spouse	4	3	3	8	5	6	9	6	7
Child (in law) in household	7	8	8	7	9	8	8	9	9
Child (in law) outside household	1	1	1	2	2	2	2	2	2
Other relative in household	5	5	5	5	6	6	6	5	5
Other relative outside household	1	1	1	2	4	3	2	1	1
Other person in household	2	—	1	1	*	1	1	—	*
Friend/Neighbour	1	—	*	1	4	3	—	—	—
Home help/MOW/Welfare	—	*	*	—	2	1	1	3	2
Private domestic help/eat out	2	*	1	1	1	1	4	5	4
No. on which % based	150	360(1)	510	150	360(1)	510	150	360(1)	510

(1) This excludes one person who was a matron in a Home.
* Less than 0.5%.

Only 3% of the sample depended on outside help for most of their cooking. However, 10% of the sample depended on someone outside the household to do the shopping and 10% depended on outside help for housework.

Difficulty in doing cooking, shopping and housework

Where the elderly person did most of his or her own work, they were asked if they could do it without difficulty. 9 people (3%) had difficulty cooking their own meals, but 22 people (8%) had difficulty doing their shopping and 51 people (17%) encountered difficulty doing their own housework. Most difficulty was found with household jobs entailing bending (60%) and lifting (28%).

4.1 NEED FOR HOME HELPS

One possible method of finding those who need home help might be by reference to doctors. We shall examine the soundness of using this method by seeing what proportion of the sample see their doctor regularly (with these people the doctor should notice any deterioration in their condition and recommend help). and when those not seeing the doctor regularly last saw him.

Table 2 shows that 29% of the sample see their doctor regularly

TABLE 2

Doctor's attendance on those in the general sample

Doctor's visits	%
Subject visits doctor regularly	19
Doctor visits subject regularly	10
No regular visits	71
No on which % based	510

TABLE 3

When elderly people not regularly seen by the doctor were last seen by him

When last visited	Persons of retirement age not seen regularly by the doctor	
	No	%
In last 2 weeks	47	14
Over 2 weeks and up to 1 month ago	36	10
[illegible]	37	11
[illegible]	19	5
[illegible]	42	12
[illegible]	66	19
[illegible]	32	9
[illegible]	33	9
[illegible]	21	6
[illegible]	17	5
All visits	350(1)	100

(1) Excludes 12 people not answering

From table 3 we can see that nearly half of those not seeing the doctor regularly (34% of the total sample) have not seen him for at least 6 months

Therefore it would appear that the need for home helps could not be fully estimated by reference to doctors, and the following method is suggested

The need for home help is likely to depend mainly on whether the elderly person is able to get about and, if not, whether there is anyone else, either living within or outside the household, who helps If not, and they are mainly responsible for carrying out the duties themselves, can they do so without difficulty

We have seen in other areas that a higher proportion of elderly people who were not able to get out and about at the time of the survey needed home help than did others We shall examine household composition as another factor contributing to the need for home help

From other areas we have analysed, it has become apparent that a much higher proportion of home help recipients than of the general elderly population lived alone, which would seem to indicate that where an elderly person is living alone the need for home help is greater

Those not usually able to get out and about

There were 47 people in this category, in households as follows

Old person living alone	9
Old person living with their child(ren)	19
Old person living with others 64 and under	1
Old person living with others 65 and over	5
Couple living alone	9
Couple living with their child(ren)	3
Couple living with others 64 and under	1
	47

Of those living alone, 5 had home helps; all said the home help did most of the housework, 3 said she did most of the shopping and 1 person said she did most of the cooking. Only 1 of those who did most of their own cooking had difficulty and she needed meals-on-wheels rather than more home help.

Of the remaining 4 people living alone without home helps, 1 did her own housework without difficulty and the rest had children doing it for them. None of these people appeared to need a home help.

Of the 19 living with children, none had home helps. 18 of the 19 people managed very adequately as their children did all the necessary household tasks. The other person was 84 years old, living with her 61-year-old son—she could cook without difficulty and her son did the shopping—she had great difficulty with the housework and needed a home help; but she said she would not have one.

Of the remaining people, only 1 household had a home help, where the arrangements were satisfactory. The rest did not appear to need home helps, as they had no difficulty.

Elderly couples one or both not able to get out

None of the 9 elderly couples living alone had a home help. 1 couple, where the wife was housebound, had difficulty getting about, and the husband, who had to wear a surgical belt and had had bronchitis, did the housework with extreme difficulty, while a neighbour did the shopping. This couple would benefit from the services of a home help. Of the 3 elderly couples living with their children and the 1 living with their granddaughter there was no need of a home help as they all had suitable domestic arrangements.

Thus for those not able to get out there is a need for

2 home helps (1 of whom will refuse)
1 meals-on-wheels

Those able to get out

There were 464 elderly people in our sample usually able to get out, in households as follows:

	No. of persons	No. of households
Old person alone	135	135
Old person living with child(ren)	61	60
Old person living with others 64 and under	28	22
Old person living with others 65 and over	21	11
Couple living alone	172	103
Couple living with their child(ren)	32	22
Couple living with others 64 and under	8	4
Couple living with others 65 and over	7	1
	464	358

None of the 135 living alone had home helps and of these 7 had difficulty with housework, 2 with cooking and 3 with shopping There would, there fore seem to be a need for 7 home helps and 2 meals on wheels 2 of these would probably not need help if they could be rehoused (1 said her house was too large and the other had great difficulty with stairs) but in their present circumstances they do need it

Those old people who lived with their children or others, with 2 exceptions had suitable arrangements to cover the difficulties they encountered with the household tasks they were responsible for The first exception was a woman of 70 years living with her son who was a shift worker—when her son worked night-shift he was able to help her during the day, but she needed help when he worked day shift, and the services of a home help would be of benefit to her The other was a woman aged 81 who had difficulty with all the heavy housework She lived with her 70 year old cousin who could do some of the heavy jobs such as lifting but not the housework.

None of the elderly couples living alone had home helps and most of those who reported difficulty with various tasks were either helped by their children or nearby relatives or paid for help There were 2 cases where help would be of benefit In 1 the housewife has had a kidney operation and suffers with her back, making housework extremely difficult and her husband has bronchial trouble In the other, both the husband and wife attend the doctor regularly and get prescriptions The husband has rheumatism and finds it very difficult to get about, but there is no note of what the wife's disability is—except that they only do the housework with 'patience and determination' In both cases the couples do not think they yet need home helps 1 saying 'It's only for those round the bend, isn't it?', but neither would refuse help

None of the couples living with children had home helps and the 3 reporting difficulty did not require home helps as their children helped them overcome all difficulties The 2 couples living with others who reported difficulty with shopping did not require home help as they had their groceries etc delivered

Thus for those able to get out and about there is a need for

Home helps for 11 households
Meals on wheels for 2 persons

Therefore it can be estimated that the total need in Holyhead is for

	Sample (*511 persons of retirement age*)	Population of Holyhead Census 1966 (*1 660 people of retirement age*)
Home help	13 households	42 households
Meals-on wheels	3 persons	10 persons

The old people were asked if there was anything that would lead them to refuse a home help and 2 of those considered to need help said they would not have a home help because they did not want strange people in their homes

If we exclude the above 2 people our estimate becomes
households needing home help 36

The most urgent need for those not able to get out is
households needing home help 3

All the informants were asked if they themselves wanted a home help. 15 persons (14 households) thought they did, of whom only 8 (7 households) were included in our estimate.

Of the other 7, one had a broken arm and wanted help temporarily, 1 man was thinking of a possible future need in the event of his illness and 2 households already had a private domestic help and had adequate incomes. One other woman, aged 67, lived in a 6-roomed house, but seemed to be managing without particular difficulty.

Of the remaining 2 cases, 1 was a man aged 82 living alone. He managed to look after himself but wanted someone to give the place a going over, perhaps once a week. The other was a woman of 70 who had had a stroke, and whose husband worked full-time. She was unable to do the housework, and was dependent on a neighbour for most of her shopping. These 2 cases would seem to qualify for home help, and should therefore be added to our original estimate, increasing this to 50 households.

If an estimate was made on the basis of the elderly persons' own assessment of whether they needed home help, this would give 45 households wanting help, which is almost identical to the number based on need. This would therefore give a good idea of the size of the need, but not of the actual people most involved.

II HOUSING FOR OLDER PEOPLE

The responsible officials concerned with the Council's housing programme and the management of the accommodation are the Clerk to the Council, who exercises a general co-ordinating supervision over the policy and who is the legal adviser; the Chief Financial Officer, who is responsible for estate maintenance; the Senior Public Health Inspector, who is responsible for assessment of need, lettings and the welfare of tenants and who supplied the following information on housing in Holyhead on December 15th 1965.

1.0 PRESENT POSITION

There are only 16 purpose-built old people's units of accommodation in Holyhead. These were completed in 1958 and are linked with a County Old Persons' Residential Home, Llys y Gwynt. For the remainder, the elderly people are housed in the Council's normal accommodation, mainly 2-bedroomed flats and bungalows. The majority of the small bungalows and ground-floor flats are occupied by elderly tenants, the younger, smaller families, being housed in 2-bedroom houses and flats above the ground floor. The records available did not show the number of elderly people rehoused by the Council, so a sample of those most likely to be elderly who had been rehoused during the past 5 years was drawn, and the interviewers instructed to check on their eligibility.

1.1 WAITING LIST

There is no separate waiting list for old people's accommodation, and in theory there are no restrictions on admission to the waiting list. In practice, consideration is given to those living within the Urban area but from time to time applicants not having residential qualifications are selected as tenants. In December 1965 there were 43 elderly people on the waiting list. Approxi-

mately a year previously the list had been reviewed by asking all the applicants if they still wanted rehousing and taking off the list those who either did not reply or said they were no longer interested The reviewed list, together with the names added in 1965, was, therefore, reasonably up to date

It was estimated that in December in the confirmed slum clearance areas there were 20 24 elderly family units to be rehoused

1 2 ALLOCATION OF ACCOMMODATION

There is no points scheme to decide priority of housing but in making an offer of accommodation, account is taken of housing need, length of time on the waiting list, health grounds etc The Housing Committee approve in advance a short list of applicants to be offered accommodation, and the Senior Public Health Inspector selects from this list

Holyhead is engaged in a slum clearance programme, and at present most elderly people are either being rehoused because of slum clearance or on health grounds The applicant's own G P's estimation of the health reasons is accepted

It is the Council's policy to offer smaller accommodation to elderly tenants whose family size has decreased, and to gain their agreement to the move Coercion is only used in exceptional cases such as where an elderly person is occupying a large house which is urgently needed for a large family The Senior Public Health Inspector mentioned that pressure was brought to bear on 1 elderly married couple to get them to move from a 5 bedroom house to a 3 bedroom house Tenants themselves rarely request a move to smaller accommodation

1 3 SHELTERED HOUSING

There is at present no warden supervised accommodation for elderly people in Holyhead The only sheltered housing is the scheme linked with the Old Persons' Home, Llys y Gwynt The 16 1-bedroomed bungalows each have their own kitchen, bathroom and w c and are heated by an open fire in the living room with a back boiler for hot water There is no call bell system linking the bungalows with the Home nor any direct supervision by the Matron, but she will take any action necessary in an emergency These bungalows qualify for a £13 a year subsidy from the County if they are used for retired elderly people

There are also 16 2 bedroomed bungalows next to these used mainly for elderly people, although not exclusively

1 4 FUTURE PLANS

Apart from the 2 bedroom accommodation being built for general needs, which can be used for elderly people, 2 warden supervised schemes are being planned One at Newry Fields will have 16 1-bedroom ground floor flats and the other at Maes Bleddyn will have 16 1-bedroomed bungalows and 4 2 bedroomed bungalows Both will have a common room and accommodation for a warden

(Anglesey County Council make a maximum annual grant to Housing Authorities of £35 per unit for 60 years for warden supervised housing They also pay an economic rent for the warden's accommodation The County vets all plans and insists that dwellings should be designed with the needs of old

people in mind, that there should be a minimum of 16 units in each scheme, with a maximum of 5 2-bedroomed dwellings, the remainder, irrespective of the size of the scheme, to be 1-bedroomed.)[1]

2.0 THE SAMPLE

All 16 of the purpose-built old people's units were taken for interview, and in addition to this the names of old people who had been rehoused since 1959 were taken.

The Housing Department did not have any separate records for old people, nor were the ages of tenants shown on the records. We therefore took the names of all tenants whom the Housing Department believed to be aged 60 or over, and a further sift was made at the interviewing stage.

All of the 16 households in the purpose-built accommodation were interviewed except 1 old lady of 86 who was very ill as the result of a stroke. 75 addresses in the ordinary housing were visited and at 11 of these the tenants were aged under 60. 2 people were too ill to be interviewed, 1 was away and 1 could not be contacted after several visits. Thus interviews were obtained at 60 of the 64 eligible addresses, and, including those in purpose-built housing, 90 people (75 households) were interviewed.

When rehoused

The year in which the 80 elderly households were rehoused, as obtained from the Housing Department's records, is shown below:

Year rehoused	Purpose-built accommodation	Ordinary housing
1958	5	—
1959	1	8
1960	1	3
1961	—	13
1962	1	6
1963	4	13
1964	1	9
1965	3	12
	16	64

2.1 AGE, SEX AND MARITAL STATUS

Thirty men and 60 women were interviewed, their ages being shown in table 1.

TABLE 1

Present age of men and women rehoused

Age	Men	Women	Both sexes
60–64	3	5	8
65–69	7	16	23
70–74	10	19	29
75–79	2	13	15
80 and over	8	7	15
All ages	30	60	90

[1] Since the time of the survey, the County Council have revised their grant aid conditions.

The proportion of men and women in the different age groups are similar except that fewer men are 75 79 and a much higher proportion of men are aged 80 or over This rather odd distribution of ages does not occur among the elderly people as a whole

There were 13 married couples in the sample of which both partners were interviewed, and also 4 married men and 2 married women whose spouses were not interviewed (in most cases because they were aged under 60)—19 married couples in all having been rehoused Of the remaining men, 1 was single and 12 were widowed and of the women, 9 were single and 36 were widowed

Fifty four of the 90 informants (60%) were aged under 70 when they were rehoused, 23 (26%) of them being aged 60 64 Only 7 people (3 men and 4 women) were aged 80 or over when rehoused

2.2 LENGTH OF TIME LIVING IN HOLYHEAD

Over half the informants had lived in Holyhead for 40 years or more and 80% for 10 years or more However, 9 of them had lived in the town for less than 5 years

3 0 PREVIOUS ACCOMMODATION

3 1 *LENGTH OF TIME IN ACCOMMODATION PRIOR TO REHOUSING*

Ten of the 90 rehoused had lived at their previous address for 40 years or more, 30 for 10 years or more Thus over half had lived in their previous accommodation for under 10 years, almost a quarter for under 3 years

3 2 TYPE OF DWELLING AND AMENITIES OF PREVIOUS ACCOMMODATION

(a) Ownership/tenancy of previous dwelling

Eleven of the 75 households lived previously in other Council accommodation 14 were owner-occupiers, 44 lived in privately rented housing 3 were boarders and 3 lived rent free

Although 8 of those who were Council tenants were living in houses with 4 or 5 rooms which were greater than their needs, none of them said this was *their reason for having to move Unlike other areas which we have examined,* the proportion of old people rehoused from Council accommodation is less than the proportion of Council tenants among the elderly population (13% compared to 23%)

(b) Sharing amenities

Table 2 shows the number of households with the sole use of amenities, i e, kitchen, bathroom and w c in their previous dwelling

TABLE 2

No of households with different types of tenancies sharing or lacking amenities

Use of amenities	Tenancy of previous dwelling					All tenancies
	Owner occupier	L.A tenant	Rented not Council	Boarder	Rent free	
Had sole use of all amenities	6	11	8	2	1	28
Lacked shared bathroom	6	—	24	—	2	32
Lacked shared bathroom and w c.	2	—	10	1	—	13
Lacked/shared all amenities	—	—	2	—	—	2
All households	14	11	44	3	3	75

Just over a third of all households had the sole use of all 3 amenities in their previous dwellings. Only 37% of this population had the sole use of a bathroom and 80% of a w.c., compared with 67% and 96% respectively in the general population of old people. Lack of amenities would therefore seem to contribute to the need for rehousing among the elderly.

Housing deficiencies were most common among those living in privately rented property, less than 1 in 5 having the sole use of all amenities.

4.0 ACCOMMODATION AFTER REHOUSING

4.1 TYPE OF ACCOMMODATION

All 15 households living in the accommodation linked to Llys y Gwynt were in bungalows. Of the other informants, 35 households were in bungalows, 23 in 2-bedroomed flats and 2 single old people were living in bed-sitter bungalows.

4.2 HEATING

Five of the dwellings had central heating by gas fired warm air, the majority (including the purpose-built accommodation) having solid fuel fires. 3 households used an electric fire only, and 3 a gas heater only, and another 9 used these appliances in addition to their coal fire.

Three-quarters of the informants said that their main living room was warm enough in the winter. The 23 persons who said they were not always warm enough said in the main that this was due to structural faults causing draughts, but 1 person said she could not afford to keep the place as warm as she would like.

4.3 DISTANCE MOVED FROM PREVIOUS ACCOMMODATION

Fifty-nine of the informants (66%) had moved a distance of 15 minutes or less from their previous home, and only 5 had moved more than half-an-hour away. Of the 31 who had moved more than 15 minutes, 3 had had second thoughts about moving because of the distance and they would still prefer to be nearer to their friends and relatives.

TABLE 3
Reasons for moving

Reasons for move	Had to move	Wanted to move
Lack of amenities	—	6
Slum clearance	25	—
Health reasons	5	25
Financial reasons	—	4
House/garden too big	—	9
Wanted place of own/security	—	4
House in bad condition	—	12
Given notice to quit	4	—
Retired from tied accommodation	9	—
To be nearer town	—	1
House had to be sold	2	—
To be nearer children/relatives	—	3
Other reasons	1	2
All reasons	46	66
No. of persons answering	46	50

5 0 DID REHOUSED WANT TO MOVE?

Forty four of the old people said they had wanted to move, 40 that they had to, and 6 both wanted and had to move

The reasons given for moving are shown in table 3

Most of the people who had to be rehoused were in need because for one reason or another they were without a home Health was the chief factor among those who wanted to move, followed by bad housing conditions and wanting a smaller house

6 0 LENGTH OF TIME ON THE WAITING LIST

The length of time informants had been on the waiting list before being rehoused is shown in table 4 The column for 'had to move' includes those who said they both wanted and had to move

TABLE 4
Length of time on waiting list before being rehoused

Length of time	Had to move	Wanted to move	All persons
Never	17	14	31
Less than 3 months	5	2	7
3 months but less than 6 months	4	3	7
6 months but less than 1 year	4	5	9
1 year but less than 2 years	7	6	13
2 years but less than 3 years	4	8	12
3 years but less than 4 years	1	1	2
4 years but less than 5 years	—	3	3
5 years but less than 6 years	1	2	3
6 years but less than 10 years	1	—	1
10 years or more	1	—	1
All lengths of time	45(1)	44	89

(1) Excludes 1 person not answering

There is little difference between the 2 distributions a slightly higher number (26 compared to 19) of those who had to move being rehoused in under 6 months

Nine of the 12 former Council tenants had never been on the waiting list 3 of these had exchanged flats with other tenants The others moved for health reasons or to be near their family The Senior Public Health Inspector states that L A tenants would not be on the waiting list where mutual exchanges were arranged or where tenants were asked to move in the interests of housing management

Of the other 22 persons who did not go on the waiting list 13 were moved because of slum clearance and 7 for health reasons (1)

(1) The Senior Public Health Inspector disputes the reliability of this table as the only persons who do not need to go on the waiting list are those rehoused for slum clearance and Local Authority tenants who arrange mutual exchanges or who are asked to move in the interests of housing management A check has been made on the questionnaires of those who were not L.A tenants but who claimed they were never on the waiting list All of them had strong health grounds for rehousing and it may be that they were rehoused so quickly that they did not realise they were on the list

7.0 WARDEN-SUPERVISED ACCOMMODATION

There is no warden-supervised accommodation in Holyhead, but the purpose-built old persons' dwellings are linked with an Old People's Home. There is no direct supervision by the Matron of the Home, but the occupants of the houses can get help if necessary. It is not the policy of the Housing Department to allocate the bungalows to those who need more care. However, they do, other things being equal, tend to allocate this housing to older people.

Confirming this, we find that there are no differences in ability between the 2 groups of people. In the sheltered accommodation, 1 person was housebound temporarily and 1 permanently, compared with 9 temporarily housebound and 12 permanently housebound in the ordinary housing, and those in the special housing do not have any more difficulty in managing and do not receive a higher proportion of the other welfare services. However the occupants of the sheltered housing are older than those in ordinary housing, as is shown in table 5.

TABLE 5

Present age of elderly people in sheltered and ordinary housing

Age	Sheltered housing	Ordinary L.A. housing
60–64	—	8
65–69	1	22
70–74	6	23
75–79	3	12
80 and over	6	9
All ages	16	74

8.0 OTHER WELFARE SERVICES

There is an increase in the use of other welfare services after rehousing. Table 6 shows the number of people receiving the services before and since moving.

TABLE 6

No. of people receiving welfare services

Welfare service	No. of people	
	Before	After
Home help	2	7
Meals-on-wheels	4	4
Welfare chiropody	12	14
District Nurse	—	3
Health Visitor	3	1

The main difference is the increase in the number of people receiving home help and District Nurse visits.

9.0 VIEWING THE ACCOMMODATION AND MOVING

Eight of the 90 informants said that they had not seen their new house before they actually moved in (2 of these were permanently housebound), 14 had been shown over by an official from the Council, but the majority had been

given a key and had gone by themselves or with relatives to view the accommodation

Half of the informants had less than a week between accepting the flat and the start of their tenancy in which to make their arrangements and a further quarter less than 2 weeks Nevertheless most of them said that this was long enough and although 5 said they would have liked more time only 1 had asked for this The request was turned down

9 1 DIFFICULTIES WITH THE MOVE

Only 1 woman had any difficulty in getting gas and electricity laid on in her new home and she was helped by relatives

One in 4 of the informants did not know that they could have access to the flat before their tenancy started to measure for curtains and carpets etc although this is allowed to all These waited until after they moved in or were able to use existing things but 2 had paid rent for a week before moving in so that they could get things arranged first

Over 80% of the informants had help with the actual removal from friends and relatives and of those who had had to manage on their own only 1 woman had had any difficulty She said that she would have welcomed some help from the Council

10 0 ASSESSMENT OF HOUSING NEED ON LOCAL AUTHORITY CRITERIA FOR REHOUSING

In allocating housing the committee takes into account length of time on the waiting list, health grounds and housing need Let us examine in more detail the reasons given by those rehoused to try to define the circumstances in which old people are likely to be considered in need of rehousing

(i) Slum clearance or other compulsory moves

Thirty five of the 75 households had needed rehousing when their previous accommodation was no longer available to them Of these 26 were moved because of slum clearance and development schemes and 6 because they were living in tied housing which they had to leave on retirement One man had become homeless when he went bankrupt and had had to sell his house he was 67 at the time and quite active 1 woman aged 70 had been living in rooms in a house which she had had to leave because her landlady wanted them for her daughter she also mentioned that her flat was at the top of the house and climbing the stairs made her dizzy The last case was a woman who had been living rather unhappily with her daughter and grand children—they had moved to a flat and she could not go with them

(ii) Health reasons

Twenty two households gave health as their reason for moving this being aggravated in many cases by bad housing conditions

Sixteen of these mentioned difficulty with stairs in their previous dwelling caused by heart and lung complaints arthritis etc. 5 said they were living in

houses which were very damp, in bad condition or lacking amenities, and one couple, previously in another Council flat, said that they had lived under some young people who made a lot of noise which was bad for the husband who was very ill.

Two households had no w.c. in their previous dwelling and 8 had an outside w.c.

Thirteen of the informants had been on the waiting list for a year or less.

(iii) Lack of amenities

In addition to those in the previous categories, 10 households were living in houses without a bath or indoor w.c., two of these having no w.c. at all, but only one of these gave the lack of amenities as the direct cause of her move. 4 households said that their previous house was too big, 2 had had trouble with landlords who had refused to do repairs and 1 woman who had been living with a cousin had wanted a home of her own.

One woman lived with her invalid son who could not walk at all so she needed better housing.

The last case was a woman of 72 who had moved into a bungalow already occupied by her sister, who had since died; but this woman had considerable difficulty with all movement and would qualify for rehousing in her own right.

Apart from this woman, 2 informants now had difficulty with going out, and 3 with stairs, but none had any trouble getting about the house.

Eight households had been on the waiting list for a year or less, 1 for 2 years and 1 for 5 years

(iv) Other cases

The remaining 8 households were living in accommodation with sole use of all 3 amenities and had no apparent health reasons for moving. 5 of these were previously living in other Council accommodation. 2 women had moved to be nearer a member of their family and were now receiving help with all their housekeeping from their relations. 1 lady had been moved several times because the neighbours complained about her, and another woman and a married couple had moved to their present flats by agreeing an exchange; the reason for their original move into old person's accommodation was not obtained.

The last 3 cases were 2 married couples and 2 brothers living together who said they had moved because their previous houses were much too large for them, having 8 or 9 rooms. 2 were owner-occupiers and 1 rented privately. None of the 6 people had any physical difficulties.

It therefore appears that rehousing does, on the whole, take place on the grounds stated by the Local Authority, i.e., housing need, lack of amenities and health. We found no cases where older people had been moved from larger to small Council accommodation to make the former available for younger families, although this does occur.

In the first stage of making an estimate of need, we will examine those at present on the waiting list for rehousing.

10 1 WAITING LIST

An attempt was made to interview all the elderly people on the housing waiting list—the names and addresses of 43 applicants being obtained At 1 address the named person was found to be aged under 60 and was therefore not eligible At another the person had been rehoused and at another the man had emigrated to the U S A 2 weeks previously Of the original 43 addresses 40 were still eligible and interviews were obtained at 32 5 people refused 2 were ill and in hospital and another had been ill and was away staying with her son until the spring

However of the 32 households interviewed 6 said that due to changes in circumstances they no longer wanted rehousing and would not accept a Council place

(a) Woman aged 89 living in a house with no conveniences water being obtained from a tap in the yard but active and now wanting to stay where she was She was offered a bungalow a month previously which she turned down

(b) Woman of 72 living in a house with no bath and an outside w c She applied for rehousing several years ago and was offered a bedsitter which she did not want She now said that she did not want the trouble of a move and preferred to stay where she was

(c) Man of 74 living with son and his family Had applied for a place of his own but had recently been ill and realised he needed the care of his daughter in law who said that he was no trouble

(d) Married couple had now found a new house for themselves—they said the Council rents would have been too high for them

(e) Woman of 78 had moved to live with her sister so no longer wanted a Council place

(f) Woman of 64 living with younger friends She had just been offered a bungalow but was going to turn it down and move instead to a new house with her friends

Of the original 43 addresses 3 were ineligible 8 were not interviewed 6 no longer needed rehousing and 26 contained people wanting to move 30 people being interviewed

Age and sex

There were 9 men and 21 women in the following age groups —

Age	Waiting list	Age at rehousing of rehoused sample
60–64	7	23
65–69	5	31
70–74	8	16
75 79	8	13
80 or over	2	7
	30	90

The people on the waiting list are slightly older on average than were the rehoused sample at time of rehousing 60% being aged 70 and over compared to 51%

Household size and composition
Sixteen of the households consisted of an old person living on their own (14 women, 2 men) and there were 5 married couples, in 1 case the wife not being interviewed as she was aged under 60. 3 old people were living with younger people whom they would want to move with them, and 2 others were living with others but wanted rehousing on their own.

Length of time in Holyhead
Twenty-three of the 30 informants had lived in the town for 20 years or longer, only 1 person having lived there for less than 2 years.

Length of time on the waiting list
Six people did not know how long they had been on the waiting list—this included some who were on the list because scheduled for slum clearance. Of the others, 7 had been waiting for under a year, 10 for 1 or 2 years, and 7 for 3 years or more (3 said they had been on a housing waiting list for 10 years or longer).[1]

Type of tenancy
None of the old people on the waiting list were Council tenants, 6 households were owner-occupiers, 16 lived in rented houses, 2 were boarders and 2 lived rent free.

Reasons those on the waiting list wanted to move
(i) **Slum clearance**
Only 4 households said that they were on the waiting list because their houses were in a slum clearance scheme, 2 of these did not want to move. However, it may be that some of the people in the following groups would also have to move for this reason although they mention other factors as being more important to them. Particularly surprising is the number of people (in fact half of the waiting list sample) who had turned down at least one offer of accommodation because they did not want a bed-sitter, or to move too far away, or to pay so much rent, etc.

(ii) **Homeless**
Two other women were in need of accommodation as the houses in which they were living had been sold and they had to move.

(iii) **Health reasons**
Seven households said poor health was the reason for their wanting to move. 6 of these said they had difficulty with stairs and wanted a place without any.

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[1] Here again, as with paragraph 6.0, the Senior Public Health Inspector seriously challenges these data on the grounds of faulty memory.

The other case was a man of 83 who was bedfast permanently and looked after by a daughter He wanted to move to be nearer to where she lived. All the households had no bathroom and an outside w c and 2 had no piped water supply to the house, relying on a tap in the yard

(iv) **Lack of amenities**
Ten more households did not have a bathroom or an inside w c, some also having no water supply in the house Only 4 of these mentioned poor housing as their reason for wanting to move, the others having various other reasons, wanting a smaller place, a place of their own etc.

(v) **Other cases**
Three cases remain which do not fit into any of the above categories, and these do not seem to be in immediate need of rehousing 1 couple had applied thinking they would like a place when the wife retired, but they were at present very comfortable 1 woman had applied when her husband was alive but he had since died, and although she would still accept a Council place she did not particularly want to move The last case was a woman, an owner occupier who was letting off part of her house She said that the house was too big for her and that she found it expensive to run, but she was only 66 and was quite active

Thus of the 32 households on the waiting list who were interviewed, 23 were found to be in need of housing by the Council's criteria We were unable to obtain interviews at 8 other households and if we assumed that the same proportion of these were in need, then the total need from the waiting list would be for 30 units of accommodation

10 2 NEED AMONG OLDER PEOPLE IN HOLYHEAD
Among the general sample of 511 people of retirement age in Holyhead were 32 people who were also on the rehoused sample Of the remaining 479 80 said they would accept a Council place if it were offered to them Of these, 8 were on the waiting list sample and have therefore already been examined 48 said they wanted to move and 24 said they did not want to

Those who want to move and would accept a Council place
The 48 people in this group represented 42 households as follows —

(a) **Council tenants**
Nineteen households were at present living in Council accommodation of which 6 were in prefabs which were due for clearance when they knew they would have to be rehoused

The majority of these Council tenants (10 households) had in fact already been rehoused as old people but as they had been placed in ordinary L A accommodation not purpose built old persons' dwellings they were not finding it suitable, 7 households complaining of having difficulty with stairs 1 woman was in a 5 roomed house which she said was too big although she had no apparent physical difficulties and 2 women wanted to live in a different area

Of the other Council tenants who were aged under 60 when they first took up L.A. accommodation, 1 said that she was exchanging her flat with another person in order to be nearer her sister; 1 wanted a bungalow, not for herself, although she did have some difficulty with the stairs, but for her crippled son; the last case was a 62-year-old woman living with her three unmarried sons in a 5-roomed house, who did not seem in any housing need but wanted a more modern house. These last 3 persons do not therefore seem to be in need of old persons' accommodation.

Thus among the older people who are already Council tenants there is quite a large demand for purpose-built accommodation, particularly for dwellings without stairs.

(b) **Non-Council tenants**

Of the 23 households in other than Council accommodation, 3 said that they would have to be rehoused for clearance schemes and that they would be given Council flats.

Four households wanted to move for health reasons, all having difficulty with stairs. 3 of them had no bath and an outside w.c., the other being a couple living in a 2-roomed flat up 2 flights of stairs.

Thirteen households were living in dwellings with no bathrooms and outside w.c.s, 8 of them giving poor housing as their reason for wanting to move.

Of the other 5 lacking amenities, 3 said their present house was too big for them, and 2 were living with children and their families and said that they did not have enough room. One of the latter was a woman of 84, her daughter, granddaughter aged 17, grandson aged 15 and a baby, living in a 4-roomed house which they said was very damp and which had an outside lavatory. The other was a married couple living with their daughter, son-in-law and 5 granddaughters, ages ranging from 0 to 6, in a 5-roomed house.

There were 3 old people who wanted to move although they had all amenities.

One was a man of 68 living as a boarder with a younger couple. Although he said he would accept a Council house, he was more interested in a place in a Home and would not seem to qualify for rehousing. 1 woman of 75 lived in a 3-roomed house which she owned. As she was suffering from arthritis she said she would like a smaller place, but she would not seem to be likely to gain much by rehousing.

The last case was another owner-occupier; a lady of 79 living with a younger boarder. She had a home help but said the house was too big and she often got lonely. She would not qualify for rehousing under the present criteria, and as she was considering going into an Old People's Home this might meet her needs better.

Thus of the 23 households not already in Council accommodation who want to move, 20 would seem to qualify under present conditions.

Excluding 3 households who knew that they were moving because of slum clearance, 12 of the other 17 had applied at some stage to the Council for rehousing, although in some cases this was several years previously. 3 had been offered a place which they had turned down and thought they had now been removed from the list.[1] 3 had been told that there were so many appli-

[1] The Senior Public Health Inspector says it is *not* the practice to remove people from the list if they refuse offers of accommodation.

cations that they stood no chance, 4 said that they had never heard anything from the Housing Department In the 2 cases where informants were living in crowded conditions they had moved from England to be with their children and said that the housing department had told them that they had done this at their own risk Nevertheless 1 woman had now been living in Holyhead for 8 years, and although the other couple had moved to the town less than a year previously, length of residence in the town is not one of the factors taken into consideration when allocating housing, and these 2 cases would appear to have sufficient grounds for rehousing Also there were 2 old people among those rehoused who had lived in the town for less than a year

Those who do not want to move but would accept Council accommodation
There were 23 households in this group 7 were already in Council accommodation, but only 1 had been aged over 60 when originally rehoused 5 were living in houses, 1 in a bungalow and 1 lady in a prefab which was due to be demolished when she was getting an old people's bungalow The other 6 informants were all active and living comfortably and there would seem to be no need to rehouse any of them

Of the 16 households in non Council accommodation, 3 were due to be rehoused for slum clearance The other households although they give a favourable answer to the idea of being offered Council accommodation, are in the main living comfortably and happily, not having any difficulties There was however, 1 case which would fall into the categories for rehousing —

Two sisters, aged 66 and 63 owner occupiers of a 6 roomed house It had no bathroom and an outside w c and they said they would like a smaller place with hot water

So in the group of those who would accept Council accommodation and would qualify for it although they had not considered moving there is a need for 5 units of accommodation 4 of these for slum clearance households

Thus in total in our sample of 511 persons in the general population of people of retirement age we have found 38 households in need of rehousing 13 of which were in slum clearance schemes This is equivalent to 124 households in the whole of Holyhead

When we add to this the people on the waiting list we estimate a need for about 150 units of accommodation

III OTHER HEALTH AND WELFARE SERVICES

This information was given to us by the Health Visitor Superintendent

1 0 MEALS ON WHEELS

The meals on wheels service is run by the W R V S An original capital grant of about £150 was made by the County to the W R V S for equipment and it is now self supporting apart from a subsidy of 4d per meal which has been in existence for the last year 3 schemes operate in the area, these are the luncheon clubs the domiciliary service and the linked scheme with Llys y Gwynt This last scheme is run by the County Home and therefore does not receive the 4d a meal subsidy

The meals for the club and the domiciliary service are cooked in a church hall in Holyhead, the rent for this is 15s per week which is paid by the

Anglesey County and Holyhead U.D. Authorities. Apart from this and the meals subsidy of 4d., the service is self-supporting, as voluntary workers distribute the meals. Between 10 and 12 Holyhead people get meals at home, 2 meals a week being delivered, but altogether 250-350 meals are served every month.

The purpose-built old people's dwellings near the Part III Home at Llys-y-Gwynt are part of a linked scheme whereby meals are cooked in the Home's kitchens and delivered to the occupants of the bungalows 3 times a week. About 10 or 11 meals are served at a cost to the old person of 1s.

There is no waiting list for meals-on-wheels—in fact, the Health Visitor Superintendent said that it was usually difficult to persuade an old person to accept meals-on-wheels in the first place. There was a feeling that a shilling was a lot to pay for a meal. It was felt by the County Authorities that such demand as existed was being met by existing services.

1.1 HOME NURSING SERVICE

There are 2 District Nurses and 1 Health Visitor in Holyhead Urban District. During the previous 6 months the District Nursing Service had dealt with a total of 116 elderly cases to whom a total of about 3,000 visits had been made. Of these, 46 were completely bedfast, 42 had injections, 28 were surgical cases. The Health Visitor does not go to the schools, who have their own full-time schools' nurse. However, the Health Visitor and District Nurses deal with maternity cases, mental disorders, the elderly, and tubercular patients—the whole family, as the Superintendent put it. The proportion of time spent specifically on old people is less than one-third of skilled time, mainly because of the high number of births in the district.

The nurses also tend to 'pop in' and keep an eye on old people, as an unofficial piece of good will. Although there is no formal attachment of the Health Visitors to doctors' practices, there is close co-operation between them. The Health Visitor calls regularly on the G.P.s.

1.2 CLUBS

There are several clubs run by the W.R.V.S. for old people, and these include luncheon clubs at centres throughout the County and in Holyhead. The Committee of Welfare for the Aged in Holyhead will send voluntary visitors and organise parties and trips for the old people.

1.3 HOSPITAL ACCOMMODATION

There are 2 short-stay geriatric hospitals in Llangefni and 1 long-stay hospital in Valley, near Holyhead. The G.P. makes the first application, and the Geriatrician then visits the patient to make an assessment of his condition and needs. Beds are scarce, and an increase would be welcome. The hospitals fall under the Caernarvonshire and Anglesey Hospital Management Committee.

It is possible to admit old people into geriatric hospital wards on short stays, in order to give their relatives a rest; they are not usually admitted to Part III accommodation for this purpose.

1 4 CHIROPODY

A chiropody service is available to old people at a cost of 2s per session for both feet the rest of the cost being met by the County In some cases, domiciliary visits can be arranged but transport to the clinic is not available Patients apply through their doctor there is a very short waiting list for treatment and frequently it may be obtained immediately [1]

1 5 SICKROOM EQUIPMENT

There is no linen laundering service in Anglesey but the District Nurse or G P can apply for a supply of incontinence pads A maximum of 4 per day is allowed and they are provided free to the patient

Other sickroom equipment may be hired or loaned There is no charge except for very expensive items such as Dunlopillo mattresses The service is free of charge to the handicapped who make use of it and the Health Visitor Superintendent also said that the National Assistance Board do provide funds for the hire or purchase of equipment in exceptional cases if applica tions are made through County officials or the District Nurse

1 6 OTHER SERVICES FOR OLD PEOPLE

Holidays may be organised for the handicapped A booklet is available which gives details of County welfare and medical services It is not distributed directly to the old people but is on display and available at clinics It gives telephone numbers and addresses of doctors District Nurses and how the various services may be obtained

IV RESIDENTIAL HOMES

The Social Worker in the Health Department dealing with elderly and handi capped persons in Anglesey is responsible under the County Medical Officer of Health for investigating the suitability of elderly people for Part III accommodation The information on the Residential Homes in Anglesey was obtained from the M O H and the Social Worker on the 14th December 1965 There are 3 Residential Homes for old people in Anglesey 2 in Holyhead Llys y Gwynt and Garreglwyd and 1 in Llangefni Park Mount Home There were at the time of the discussion 20 residents in the Homes who came from Holyhead and 1 person from Holyhead on the waiting list

There are no Voluntary Homes for old people in Anglesey but there is a registered private home Talwrn which accommodates 4 to 6 people There was no one in the Home at the time for whom the County was making a grant and it is not usual for there to be anyone in the Home for whom the County would accept responsibility

1 1 WAITING LIST AND ALLOCATION OF PLACES

Application for admission to Part III accommodation is made to the M O H. and either he or the Social Worker visits the applicant to assess the need in each case People who are in poor health and who need some care and attention but who can manage to wash and dress themselves and walk with little or no attention are accepted Mild nocturnal incontinence is not a bar

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[1] In September 1967 there was no waiting list

to admission. Because of the pressure on geriatric beds there has been an increase in the number of infirm old people in Residential Homes over the last few years. Admission to Part III, however, is considered as a last resort, and with the increase in the number of warden-supervised housing schemes in Anglesey, the pressure on Part III accommodation is being reduced.

All 3 Homes are in converted houses, and are situated on 2 floors without lifts, which gives rise at times to difficulties in obtaining ground floor accommodation for people unable to manage stairs. Park Mount Home in Llangefni is considered the 'nicest' Home, and there are always requests for admission to it. Although officially there is no difference in the admission to each of the Homes, in fact an 'old tramp' would not be put in Park Mount.

Those on the waiting list are visited about once a month by the Social Worker. Although some people have to wait a few months before being admitted, this is frequently because they are waiting for a vacancy in a particular Home or for ground floor accommodation. Urgent cases can be dealt with immediately.

1.2 DISCHARGES

The M.O.H. and Social Worker do not consider that there are any people in Part III accommodation who could be discharged to their own homes. There are some who need to be in a geriatric hospital, and exchanges between the two are effected.

1.3 SHORT TERM STAYS

There are 1 or 2 short term stays arranged each year to give relatives some relief or enable them to go on holiday. A limiting factor to this, however, is the uncertainty of knowing exactly when there will be a vacancy sufficiently in advance to enable the relatives to book their holidays.

As going into Part III accommodation is considered to be permanent, an initial trial period is not considered necessary. However, relatives do not usually dispose of the old people's houses and effects until they have settled down, and there are no known cases of people wishing to return home.

1.4 FUTURE PLANS

There is a new Home in the course of construction at Amlwch, which is due to be opened early in 1966. This Home will cater for 30 residents. The M.O.H. hopes to transfer the residents from one of the Homes in Holyhead to Amlwch, and convert the Holyhead Home into a psycho-geriatric Home. With the increase in warden-supervised housing schemes he feels there will be sufficient Part III accommodation for elderly people in Anglesey for the next 10 years.

2.0 THOSE IN RESIDENTIAL HOMES

Attempts were made to interview all 20 residents who had been living in Holyhead. 1 man and 1 woman had died. Another 2 men were found to be under 60 years old, and another blind man now 62 had been admitted 13 years before at the age of 49.

Of the remaining 15, 1 man was in hospital, and it was impossible to interview 1 man and 4 women who were too mentally confused.

The remaining 8 (5 men and 3 women) were interviewed, and some factual

information was obtained about the other 6 eligible persons (The fifteenth person was interviewed, but the schedule was lost in the post)

2.1 AGE OF RESIDENTS

Table 1 shows the ages of eligible residents now and when they were admitted

TABLE 1

Age group	At admission			At time of interview		
	Men	Women	All	Men	Women	All
60–69	2	1	3	1	—	1
70 74	2	1	3	3	2	5
75–79	1	2	3	1	—	1
80 84	—	2	2	1	2	3
85 and over	2	1	3	1	3	4
All ages	7	7	14(1)	7	7	14(1)

(1) Includes 2 men and 4 women not interviewed

Four of the men were under 75 when admitted compared with 2 women in this age group The women, according to expectation survive to a later age

2.2 MARITAL STATUS

None of the residents was married 4 of the 7 women were widowed and 3 single We could not get the marital status of 2 men and of the other 5 4 were single and 1 widowed

3 0 ATTITUDE OF RESIDENTS TOWARDS THE HOME THEY ARE IN

3 1 WILLINGNESS TO BECOME RESIDENT

Four of the 5 men and 2 of the 3 women said they had wanted to become residents

Two of the women needed care and attention and 1 did not get on with her niece, with whom she was living and had nowhere else to go 3 of the men needed care, 1 did not get on with his niece's husband with whom he was living and 1 man had to leave his lodgings and since he was 83, and had nowhere else to go, it was suggested he go into a Home

3 2 WHO SUGGESTED BECOMING A RESIDENT?

Three people were recommended to apply by a doctor, 2 thought of it themselves in 1 case it was the National Assistance man in 1 the niece, and in another a man in a pub

3 3 LENGTH OF TIME ON THE WAITING LIST

Four people were admitted immediately or within a couple of days 3 others said they had to wait about a month, and 1 woman says she had to wait about 6 months but this may include the time she spent making up her mind as to whether she wanted to go in

3.4 PRE-KNOWLEDGE OF WHAT TO EXPECT

Seven of the 8 residents regarded going into a Home as a permanent arrangement, but 1 man said that he had gone in hoping to get over his illness, when he would return home.

One man and 1 woman had gone to see the Home before they went in, 1 on his own initiative and the other at her doctor's suggestion.

Only 1 other person had been told what to expect by the Welfare Officer, who assured her it was a nice place, which had helped her to settle in.

3.5 WHETHER RESIDENTS LIKE THE HOME THEY ARE IN

Seven of the 8 residents said they liked the Home they were in, and 1 man said he liked it in one way, but he really liked to be on the move from place to place.

3.6 DISTANCE AWAY

Most of the residents were 20 minutes or less away from their old homes, but 1 man, who had gone to the Park Mount Home at Llangefni, was between 45-60 minutes away. He was, however, quite content to be there. None of the other residents said they would prefer to be nearer their old homes.

4.0 LIVING CONDITIONS BEFORE ENTERING A HOME

4.1 PREVIOUS ACCOMMODATION

Five residents had occupied a whole house, 1 was a boarder, and 2 others had had a room in their nieces' homes.

Two residents had lived alone in houses they owned. 5 had been boarders, in 3 cases with relatives, and 1 single man had lived in a 4-roomed rented house.

4.2 AMENITIES

The man who lived alone in the rented house had no gas or electricity laid on, using solid fuel for cooking, and oil and candles for lighting. The house had no bathroom, but did have piped water and a w.c. 4 other residents had not had a bathroom, and 4 had an outside w.c.

4.3 WITH WHOM RESIDENTS LIVED AT HOME

One man aged 62 had been in a sanatorium, and had nowhere to go on discharge. The other 7 lived at home.

Lived alone

Three of the residents, 2 men aged 76 and 86, and 1 woman aged 70, had lived alone. The woman had very bad rheumatism in her hands, and also had difficulty going out. She owned a 3-roomed house, without a bath and having an outdoor w.c. She had had a home help and meals-on-wheels. She asked to go into a Home.

The man of 76 was the one referred to in 4.2 who had no amenities, and when he was ill his doctor suggested a Home.

The man of 86 had been looked after by a daily housekeeper but realised he could not stay on his own at night.

Living with relatives under 65 years old

A single woman of 81 had lived with her nephew and his wife and family She had difficulty going out and it became too difficult for the wife to look after her and the family

A single man of 71 had lived with his niece and her husband When the niece went into hospital he was unhappy as he didn t get on with his nephew Friends suggested he go into a Home

Living with others

One man and 1 woman were boarders in private households The man was aged 83 when he had to leave his digs and had nowhere else to go The woman was aged 78 and was not happy with the family with whom she was living and had nowhere to go

5 0 ABILITY TO LOOK AFTER THEMSELVES

No one had diff[illegible] washing themselves [illegible] with stairs and in going out and 2 women had difficulty going out None were bedfast or housebound

As regards housekeeping in only 2 cases was the informant responsible for cooking, shopping and housework 1 did it without difficulty The other had some difficulty but had had a home help and meals on wheels

5 1 HEALTH AND WELFARE PROVISIONS

Five residents had had no health or welfare provisions 1 woman had had home help meals on wheels and chiropody 1 man had the District Nurse and Health Visitor calling, and another woman was visited by the District Nurse

6 0 NEED FOR RESIDENTIAL PLACES

Only 1 of our 8 residents said he wanted to leave the Home He is a man of 78 who is not very happy in the Home as he cannot settle down very well and likes to move about. He is quite active and went into the Home a year previously at the suggestion of his doctor when he was ill He had been living alone in a 4 roomed house without gas or electricity He managed to look after himself without difficulty then and there seems no reason why he should not be able to manage quite well in an old person s flatlet

Since the residents not interviewed were obviously incapable of managing on their own this is the only person whose place could be given up

At the time of the survey the Health Department had the name of only 1 person waiting for residential accommodation This lady was interviewed She was a housebound woman aged 82 living in a privately rented house The interviewer said that she seemed very ill She had a home help for 2 hours 7 days a week and said she wanted to go in a Home because she needed looking after all the time She said her son did not want her to go but his wife was also now ill and they could not continue caring for her

In the sample of the general population interviewed only 3 other people said they had ever considered entering a Home 2 of these had thought about it when living alone but were now living with younger relatives and were quite happy

One woman would, however, seem to need a place. She was aged 79, had a home help for 5 days a week but wished she also came at the weekend. Her house had all amenities but she had 5 rooms and she said it was too big for her. She complained very bitterly of being lonely and said she did not want to go on living alone for much longer.

As we found 1 person in need in our sample, there are possibly 2 or 3 other cases in the whole of Holyhead.

In order to see whether there were any other cases who might benefit from a place in a Home, the schedules of 43 people who said that they were dissatisfied with the way they were living at present were examined,

It was found that the main causes of complaint of these people were lack of good housing, needing repairs done, etc., and not having enough money. In all cases these old people could be better served by welfare services other than residential care.

It therefore appears that with the new larger Home already being built there is no serious need for more residential accommodation for old people from Holyhead.

PRESTON C.B.

CONTENTS

I HOME HELP SERVICE

1 0

The Medical Officer of Health for Preston is responsible for the Home Help Service and the Home Help Organiser provided the requested information on January 11th 1966

There were at the time 95 home helps all women working on average 30 hours each per week About 72% of the home helps time is allocated to elderly people and about 600 cases out of a total of 820 per year are elderly The amount of time allocated to each case varies from 3 to 8 hours a day

Recommendations for the service are received from doctors District Nurses Health Visitors Medical Social Workers voluntary workers etc. Most of the recommendations come from doctors or medical people and only if the Organiser is in doubt does she ask for a doctor s assessment The Organiser visits each case personally to assess the need the hours required and the most suitable home help to send Help is allocated to anyone who is in need of assistance, irrespective of income In deciding on the amount of help to be given the incapacity of the person type of house presence of relatives and neighbours etc. is taken into account The Organiser thinks that too much help can make an old person a chronic invalid

1 1 HOME HELPS FOR PEOPLE LIVING WITH OTHERS

An old person living with a son or daughter who is out at work can be allocated a home help to do those rooms or services used by the old person herself Help is still given in cases where the daughter is not working if for some reason the daughter is unable to manage The Organiser mentioned a particular case where a single daughter aged 24 had given up work at a mill to look after her mother who had collapsed When the daughter began to feel the strain help was given on the recommendation of the G P who said the daughter would collapse if not relieved

1 2 DUTIES OF THE HOME HELP

The duties of the home helps are to give assistance with or carry out the normal domestic work required in a household such as sweeping dusting cleaning and polishing They may also carry coal and make fires although a home help would not be allocated to do this exclusively They make beds do shopping collect pensions or allowances and do small articles of washing or ironing Some take the old people's washing home and do it with their own and they may also take it to a laundrette

The home helps may clean the insides of windows providing there is no danger They are not supposed to do the outsides many old people receive an allowance from the N A B to cover the cost of window cleaning

The home helps may assist the old people to wash or bathe themselves get dressed go to the w c and they may empty chambers They may also do some cooking wash up and do small articles of mending Although some home helps have made curtains they are not encouraged to make a practice of it They may wash down paintwork within reason The home helps may read newspapers to the old people and read or write letters for them

The home helps are not supposed to do any gardening or do any odd jobs especially electrical ones which might be dangerous They are also firmly instructed not to pay on behalf of the applicants the bill for the service as

difficulties can arise with a confused elderly person who thinks she has paid the home help when in fact she has not. Because of these difficulties which may arise over money, the home helps are encouraged, if they do any shopping for an old person, to make out a list with the prices next to each item.

1.3 CHARGE FOR THE HOME HELP SERVICE

There is a scale of charges laid down by the County Borough for the service, ranging from 9d. per hour for the first 6 hours in each week to 3s. per hour. A financial investigation is only made where the applicant cannot afford the maximum rate. All applicants on National Assistance pay the minimum rate. It is estimated that 70-75% of the elderly are on National Assistance. In these cases the Organiser makes application to the N.A.B. on behalf of the old person for an allowance to cover the minimum charge. Every 6 months an account is sent to the applicant and to the N.A.B., who then send the applicant a postal order to cover the charge which the applicant can post to the Borough Treasurer.

Where the Home Help Organiser finds an applicant who is not receiving National Assistance, but is eligible for it, she asks the Board to visit.

The Organiser considers that there are people who do not have a home help because they are unwilling to pay the charge, probably people who have been used to the custom of free neighbourly help which is no longer as prevalent.

1.4 REVIEW OF NEED

Apart from the financial reassessment every 6 months, the Organiser visits as often as possible to reassess the need. The frequency depends on the circumstances, some more than once a week and some every 3 months. Apart from her visits, the home help reports on any change of circumstances necessitating a change in the service required.

The service to elderly people is not usually discontinued as a result of the review, but sometimes the applicants give up the home help themselves, because a relative takes over or, as in one particular case, because the old person feels much better and able to cope again. In the particular case mentioned, the applicant had a relapse after a very short time and a home help had to be sent in once again.

The applicant's G.P. is not necessarily notified of the discontinuance of the service, only if there is some doubt that help is no longer needed.

The service to old people is sometimes discontinued or the hours cut down because of the demands of maternity or hospital discharged patients. As far as possible the Organiser tries to cover all the old person cases, but when several home helps are off sick, this is not always achieved.

1.5 CONTINUITY OF HOME HELP SERVICE

As far as possible the Organiser sends the same home help to the same individual, because the old people do not like change, and some even refuse to accept a new home help. At times, however, in cases of conflict, the home helps are changed around.

1.6 RECRUITMENT OF HOME HELPS

The number of home helps to be employed is limited by the Council, and at the time there was a full establishment. Authority was being sought to

increase the establishment by 13 to meet the increasing need which is in part due to the practice of discharging cases earlier from hospital

The Home Help Organiser says she has no difficulty in recruiting home helps and in fact has people applying daily to become home helps so is able to exercise some choice in the people she selects

1 7 CONDITIONS OF WORK FOR HOME HELPS

The home helps are paid on an hourly basis which does not include travelling time between jobs On the whole the home helps work two 3 hour sessions a day 9 12 noon and 1 4 p m so that they can travel from one job to the other between 12 and 1 If they are allocated 2 cases within a 3 hour session then the cases are selected so as to involve very little travelling.

For 2 years running some years ago the home helps were sent on a course run by the Institute of House Workers but at present they receive no training Each home help is issued with a green industrial overall once a year

1 8 OFFICE STAFF

The Home Help Organiser does all the home visiting herself and is assisted in the office by 1 full time clerical worker and 1 part time clerk The Organiser and her staff are responsible for the calculation of the wages of the home helps for keeping records and for the assessment of the charges to be made to the applicants The Organiser feels that should the service increase she will need the assistance of another full time clerk

2.0 INTERVIEWS WITH PEOPLE RECEIVING HOME HELPS

In order to find out who was being helped and what the home help does for the elderly a sample of people of retirement age having home helps at the time of the survey was selected for interview

2 1 THE SAMPLE

Six hundred elderly people were receiving the services of a home help (3 5% of the elderly population) A sample of 102 addresses was drawn from the files at 90 of which successful interviews were obtained with 101 people

At 4 addresses the named person had died 3 after the sample was drawn and 1 two years before At a further address the man had stopped having a home help after his wife had died 6 people could not be contacted as 2 were in hospital 2 were in private nursing homes and 2 were out to repeated calls Only 1 person refused to be interviewed and that was because his wife had died 2 days before

There was 1 person for whom a proxy interview was taken this interview was included in the sample for factual questions only

Thus for the factual questions the sample is 90 households and 101 people and for the non factual questions where the proxy was excluded the sample is 90 households and 100 persons

2 2 NUMBER OF DAYS AND HOURS PER WEEK

About 87% of the people in our sample had the home help for only 1 day a week and 3% had the home help less than once a week The number of days a week elderly people had the home help is shown in table 1

TABLE 1
No. of days a week home help calls

No. of days	Households No.	Households %	Persons No.	Persons %
1	77	86	87	86
2	5	6	6	6
3	2	2	2	2
4	—	—	—	—
5	2	2	2	2
6	1	1	1	1
Less than once a week	3	3	3	3
All visits	90	100	101	100

The number of hours per visit ranges from 1 hour to 3 hours, the most usual length of visit being 3 hours as will be seen from table 2:

TABLE 2
Length of time home help stays per visit

Length of time per visit	Households No.	Households %	No. of persons
1 hour	2	2	2
1½ hours	4	4	4
2 hours	5	6	7
2½ hours	6	7	6
3 hours	72	81	81
All visits	89(1)	100	100(1)

(1) Excludes 1 person not answering.

TABLE 3
Number of hours per week home helps assist elderly person households

No. of hours per week	Households No.	Households %	No. of persons
1-2 hours	16	18	19
3-4 hours	63	70	70
5-6 hours	5	7	6
7-8 hours	1	1	1
9-10 hours	2	2	2
11-12 hours	—	—	—
13 or more	2	2	2
All visits	89(1)	100	100(1)

(1) Excludes 1 person not answering.

70% of the households have the home help for between 3 and 4 hours, but 18% only have the home help for 1 to 2 hours per week. Only 2 people have the home help for more than 13 hours a week.

In 1 case where the home help came for 15 hours per week the old person was temporarily housebound and had recently suffered a stroke she found difficulty going up and down stairs and doing heavy housework—no charge was made for the home help s services

At the second household where the home help called for 18 hours per week the respondent was housebound had difficulty going out of doors and bathing but appeared to manage quite well when the home help did not come as her son lived in the next house

2.3 DUTIES OF THE HOME HELP

At nearly all households the home help does the necessary cleaning polishing dusting etc, on the days she attends as can be seen from table 4

TABLE 4

Tasks performed by home help

Tasks performed	Households		Number of persons
	No	%	
Dusting polishing sweeping etc	90	100	101
Cleaning floors	87	97	98
Shopping	33	37	37
Collecting pens on	5	6	6
Going to laundry/laundrette	5	6	5
Doing some laundry in house	7	8	7
Laying fires/filling scuttle etc	19	27*	19
Making beds	28	31	30
Getting light meals	6	7	6
Making tea or coffee	20	22	22
Washing up	37	41	40
Help wash/bathe	3	3	3
Clean windows	65	72	72
No of households/persons	90		101

* This percentage is based on 70 households who had sol d fuel fires

In just over a third of all households the home helps do the shopping and make beds in a fifth of the households they make tea or coffee In 27% of households the home helps made fires and brought coal into the house but only in 7% of households did the home help prepare and cook light meals

Forty seven people said they did not need any more help and 6 did not understand the question of those who wanted more help 35 wanted the home helps to do jobs she didn t do at the time and about half of them wanted her to do spring cleaning.

2.4 TIME OF ARRIVAL

In 19 households the home help helps with the fires—yet in only 2 households did she arrive before 9 a m as can be seen from table 5

TABLE 5
Time at which home help starts work

Time of Arrival	Households		No. of persons
	No.	%	
8–8.55 a.m.	2	2	2
9–9.55 a.m.	37	42	41
10–10.55 a.m.	2	2	3
11–11.55 a.m.	2	2	2
12 noon–12.55 p.m.	19	21	20
1–1.55 p.m.	24	27	29
2–2.55 p.m.	1	1	1
3 p.m. or later	1	1	1
Any time during day	2	2	2
All times	90	100	101

Where the home help arrived before 9 a.m., she made the fires, but only attended for 1 day a week. 1 person said she would like someone to do the fires every day.

Only 3 of the 19 households where the home help helped with the fires had her services for more than 1 day a week, the rest usually managed themselves, or children and neighbours helped them, and they had no major difficulties.

2.5 HOW OLDER PEOPLE MANAGE TO DO THINGS ON THE HOME HELPS' DAYS OFF

TABLE 6
How people manage to do things on the home helps' days off

How old people manage	Dusting polishing sweeping	Cleaning floors, etc.	Shopping	Making beds	Washing clothes	Meals	Making tea or coffee	Fires	Washing up
Doesn't need to be done	5	11	1	—	3	1	—	1	—
Leaves it/leaves part/ just doesn't get done	44	44	1	10	2	1	—	1	—
Do it themselves, no difficulty	23	20	7	13	—	3	18	9	32
Do it themselves, with difficulty	19	13	7	5	—	—	2	2	5
Done by someone else	10	10	21	2	2	1	2	6	3
No. of people (excluding no answers)	101	98	37	30	7	6	22	19	40

In a high proportion of cases the cleaning of floors is left undone and dusting, polishing, etc., is generally done in part only. About a third just straighten their beds and leave the turning of mattresses to the home help.

2.6 JOBS NOT DONE BY HOME HELP

TABLE 7
How elderly people manage household tasks not done by the home help

How old people manage household jobs not done by home help	Shopping	Fires	Meals	Making tea or coffee	Washing clothes	Washing/ bathing	Making beds	Washing up
Leaves it/leaves part/just doesn't get done	—	—	—	—	38	—	7	—
Do it themselves—no difficulty	21	27	64	67	11	72	46	52
Do it themselves—with difficulty	6	14	13	4	1	21	3	5
Done by someone else	36	20	18	8	41	5	15	4
No. of people (excluding no answers)	63	61	95	79	91	98	71	61

3 1 SEX AND AGE

Of the 101 people of retirement age in the final sample, 83 were women and 18 men Our general sample shows that 27 7% of those of retirement age were male (26 9% Census 1966), while the proportion of men in the sample receiving home help is only 17 8%, showing that men are less likely to be allocated home helps However, if the figures for Residential Homes are looked at, men occupied 29% of the available places and are over represented There are, in fact, more than an adequate number of places for men in Part III accommodation in Preston but a waiting list for women for vacancies Thus men in need of care can easily be admitted into a Home, rather than be given a home help, and it is possible that men finding it difficult to manage by themselves, might prefer admission This will be examined later

TABLE 8

Age distribution of men and women receiving home help

Age Group	Men	Women	Both sexes
60–64	—	4	4
65–69	2	7	9
70–74	4	23	27
75–79	6	33	39
80–84	4	8	12
85 and over	2	8	10
All ages	18	83	101

3 2 HOUSEHOLD COMPOSITION

78% of the people receiving home help lived alone as can be seen from table 9

TABLE 9

Household composition of households having home helps compared with the general sample

Household composition	Home help sample		General sample	
	Household %	Persons %	Household %	Persons %
Old person living alone	78	69	37	28
Old person with unmarried child	3	3	9	8
Old person with married child	—	—	7	5
Old person with others 64 and under	3	3	7	7
Old person with others 65 and over	4	5	3	6
[illegible]	9	15	31	40
[illegible]	3	5	4	4
[illegible]	—	—	1	1
[illegible]	—	—	1	1
[illegible]	—	—	*	*
No on which percentage is based	90	101	422	551

*Less than 0 5%

When an elderly person is living with others unless the others are also elderly, there appears to be less need for a home help

3 3 MOBILITY

One person in the home help sample was bedfast permanently and 28 people were housebound permanently 9 people usually went out but were house-

bound temporarily at the time of the survey, and the rest of the sample, 63 people, usually went out.

The most usual reason for being housebound and not going out was rheumatism and arthritis mentioned by 12 respondents; accidents and strokes were mentioned by a further 10 respondents; others had general complaints.

3.4 DOCTOR'S ATTENDANCE

Fifty-six of the 101 people saw their doctor regularly, 18 going to the surgery and 38 being visited by the doctor, the remainder only seeing the doctor when necessary.

3.5 OTHER WELFARE SERVICES

(a) Meals-on-wheels

Fourteen of the 101 persons with home helps also have meals-on-wheels delivered, 8 getting 2 meals per week, 5 getting 4 meals per week, and 1 person only 1 meal per week. 1 person had meals-on-wheels before she got a home help, 4 about the same time as the home help, 8 after the home help and 1 person did not answer the question.

At this point it may be of some interest to note the opinions of G.P.s on the need for more help with meals for old people. Asked whether they had any elderly patients not getting this service who would benefit from it. 7 of the 20 G.P.s said they knew of such patients—estimates of the numbers in need ranged from 1 to 12 patients. 1 G.P. could not give an estimate; the total estimate for the G.P.s who thought they had patients in need of the service was 46.[1] The G.P.s thought their patients were not getting meals-on-wheels because the service was too infrequent, their patients would not have it because they did not like the food or they were too proud to accept it.

Twelve G.P.s thought they had patients who needed meals-on-wheels more days a week, 3 of these thinking all their patients needed the service more days a week.

Four G.P.s thought meals should be available 7 days a week and the remaining 8 of the 12 thought they should be available at least 4 days a week.

All the G.P.s except one thought the service a good idea, but some had criticisms—suggesting that it was not frequent enough and that meals were not of a high enough quality.

(b) District Nurse

The District Nurse was calling on 12 of the 101 people compared with 4% of those in the general sample and the help given is listed below:

	Home Help	General
Blanket baths, washing and cutting toenails	4	6
Injections	6	13
Dresses wounds, sores, etc.	1	2
No treatment, just checks	2	3
No. of replies	13	24

[1] It will be seen (p. 403) that the Home Help Organiser states that no request for the service has ever been turned down.

The District Nurse had been attending the 12 people in the home help sample for varying lengths of time as shown in table 10

TABLE 10

Length of time District Nurse has been attending patients

How long District Nurse has been attending	Home Help Sample	General Sample
Less than 3 months	3	5
3 months but less than 6 months	2	1
6 months but less than 1 year	1	—
1 year but less than 2 years	2	3
2 years but less than 3 years	2	4
3 years but less than 5 years	2	5
5 years but less than 10 years	—	4
Those who have District Nurse call	12	22

The District Nurse had generally been calling on those in the general sample for a longer period than on those in the home help sample It would be interesting to see if those in the home help sample had the District Nurse before or after getting the home help

Only 1 of those receiving the home help service had the District Nurse calling before she got a home help, 3 had the home help and District Nurse about the same time, and 8 people had the District Nurse call after they had the home help for some time This suggests that the needs of the old person may well be channelled through the Home Help Supervisor to the appropriate authorities for action

Those having the District Nurse call were asked how long she stayed and the answers are detailed in table 11

TABLE 11

Length of time District Nurse stays on each visit

How long District Nurse stays	Home Help Sample	General Sample
0–10 minutes	4	9
11–20 minutes	4	7
21–30 minutes	2	5
31–60 minutes	—	1
No answering	10(1)	22

(1) Excludes 2 not answering

(c) **Bathing service**

There was no bathing service operated by enrolled nurses in Preston, but all the G P s but one thought that such a service would be a very good idea

(d) **Chiropody**

Twenty nine of the 101 informants with home helps used the welfare chiropody service and a further 19 had their feet done privately

In contrast 8% of the general sample used the welfare service while 15%

went privately, showing that proportionally twice as many of the home help sample went to the chiropodist as those in the general sample. But in the home help sample nearly 4 times as many people (proportionally) used the welfare service and there was only a small difference in the percentages who used private chiropodists (home help 19%, general 15%). The frequency of treatment is detailed below in table 12:

TABLE 12

Frequency of treatment of elderly people receiving welfare and private chiropody

Length of time between treatments	Home Help Sample				General Sample			
	Welfare		Private		Welfare		Private	
	No.	%	No.	%	No.	%	No.	%
Up to and including 1 month	1	4	7	37	5	12	22	26
Over 1 month and up to 2 months	19	76	7	37	24	56	42	50
Over 2 months and up to 3 months	5	20	1	5	13	30	8	10
Over 3 months and up to 6 months	—	—	—	—	—	—	10	12
No set time	—	—	4	21	1	2	2	2
No. on which % is based	25(1)	100	19	100	43	100	84	100
No. having chiropody	44				127			

(1) Excludes 4 not answering.

It can be seen from table 12 that on average people having private chiropody treatment do so more often than those having welfare treatment.

TABLE 13

Comparison of whether those receiving private treatment have less trouble between treatments than those using the welfare chiropody service

Do you have trouble with your feet so you would like to go more often?	Home Help Sample				General Sample			
	Welfare		Private		Welfare		Private	
	No.	%	No.	%	No.	%	No.	%
Trouble, would like to go more often	7	25	5	26	7	17	22	26
Trouble, would *not* like to go more often	3	11	4	21	1	2	10	12
No trouble, would like to go more often	—	—	—	—	1	2	6	8
No trouble, would *not* like to go more often	18	64	10	53	34	79	45	54
No. on which % is based	28(1)	100	19	100	43	100	83(1)	100
No. having chiropody	47				126			

(1) Excludes 1 not answering in each case.

In both the home help and general samples, those who have private chiropody treatment have more trouble between visits than those who receive the welfare service, but as far as the home help sample is concerned, the private patients do not want to go more often. In the general sample, however, a higher proportion of private patients having trouble between visits would like more treatment.

It might be useful to see how often those who have trouble between visits, and those who have no trouble, see the chiropodist—this is summarised in table 14:

TABLE 14

Comparison of those with home helps with those in the general sample receiving chiropody, by frequency of visits and whether have trouble between visits

Length of time between vis ts	Home Help Sample				General Sample			
	Trouble		No trouble		Trouble		No trouble	
No having chiropody	8(1)	9	17(1)	10	8	32	35	52

(1) Excludes 2 people not answer ng in each case

Looking at the general sample we see that those experiencing trouble between visits see the chiropodist as often as those having no trouble (21-22% going at least once a month) In the home help sample a higher proportion (29%) of those having trouble have treatment at least once a month

The only people having treatment less often than once every 3 months were 10 in the general sample going privately, half of these saying they needed more frequent treatment

In Preston there is 1 full time chiropodist and 4 part time chiropodists, employed on a sessional basis The full time chiropodist does a domiciliary service for which there is a waiting list application for the service can be made through the doctor District Nurse etc or direct to the Health Department

Doctors in Preston were asked for their opinions of the chiropody service The main point that came out was the lack of an adequate domiciliary service which was put down to a lack of chiropodists

Eight of the doctors had patients who were not getting treatment and who they thought needed the services of a chiropodist

Nine of the doctors had no suggestions for improving the service, 7 thought more chiropodists were needed and an increased domiciliary service

(d) Health Visitors

Fifteen of the 101 people had the Health Visitor calling and 4 used to have her call This compares with some 2% of those 65 and over in the general sample

3 6 FINANCIAL POSITION OF THOSE HAVING HOME HELPS

Sources of income

The sources of income of people of retirement age having home helps were compared with the general sample—see table 15

TABLE 15

Sources of income of those having the services of a home help compared with sources of income of all people of retirement age

Source of income	Home Help		General Sample	
	No.	%	No.	%
Wages/salary	3	3	139	26
Retirement/O.A.P.	95	96	474	87
National Assistance	75	76	160	29
Other Government grants and pensions	9	9	70	13
Private/firm's pensions	6	6	95	18
Rents	3	3	18	3
Interest on shares, etc.	5	5	54	10
Other sources	1	1	10	2
No. of people on which % based	99(2)	(1)	544(3)	(1)

(1) Does not add to 100 as some people had more than one source of income.
(2) Excludes 2 people not answering.
(3) Excludes 7 people not answering.

It can be seen that a high proportion (76%) of those receiving the home help service are also receiving National Assistance. Generally those receiving National Assistance have incomes in the lower bracket, which would suggest that the actual income of those having a home help is lower than that of those not receiving the service. This is examined in table 16:

TABLE 16

Income of those having the services of a home help compared with incomes of the general sample of old people

Income per week	Single Income				Joint Income			
	Home Help Sample		General Sample		Home Help Sample		General Sample	
	No.	%	No.	%	No.	%	No.	%
Less than £4	—	—	6	2	—	—	—	—
£4–£4 19s.	14	18	115	42	—	—	—	—
£5–£5 19s.	40	52	57	21	—	—	1	*
£6–£7 19s.	21	28	57	21	6	38	49	22
£8–£9 19s.	1	1	26	9	6	37	60	26
£10–£14 19s.	1	1	9	3	4	25	75	34
£15–£19 19s.	—	—	7	2	—	—	28	13
£20 and over	—	—	1	*	—	—	11	5
No. on which % is based (excluding no answers and refusals)	77	100	278	100	16	100	224	10

*Less than 0·5%.

If having a home help was dependent on having a low income, it would have been expected that more of the home help sample would have fallen in the lower income groups than the general sample, but 44% of those with single incomes in the general sample had less than £5 per week compared with 18% of the home help sample, probably because the National Assistance grant to those in the home help sample moves them up 1 income group. But over £8 per week the percentage in the general sample was a lot higher, 14% compared with 2% in the home help sample.

As far as joint incomes are concerned (mostly married couples) more of the home help sample (38%) were in the under £8 per week category compared with the general sample (22%) At the higher end of the scale, none of the home help sample had incomes over £15 per week while 18% of the general sample had incomes in excess of £15 per week

TABLE 17
Income of households not receiving National Assistance and amount paid per week for home help

Weekly income	Amount paid per week			
	Less than 2/6	9/-	10/ and over	Total
Single Incomes				
£4 less than £6	3	3	1	7
£6 less than £8	—	—	1	1
£8 or more	—	2	—	2
Refused income	—	1	1	2
Joint Incomes				
£6 less than £8	—	1	—	1
£8 less than £10	—	—	—	—
£10 or more	—	4	—	4
Refused income	—	1	—	1
All incomes	3	12	3	18

Two of the people were paying 2s 3d a week and one man paid 1s 6d Of the 3 people paying 9s but having an income of less than £6 1 had a son in the household who was working full time and the other 2 supplemented their income by drawing on capital Similarly a couple whose income was less than £8 had a working son in the household 1 woman had 18 hours a week and was 'well provided for' her children paying all her bills and another woman living with her son did not know the cost—these two households were excluded from the table

An examination of the original data shows there is little difference in the number of home help hours allocated to those with or without National Assistance

3 7 MOBILITY OF OLD PEOPLE HAVING HOME HELPS

One would expect those receiving home help to be less fit than elderly people in general

While none of the old people receiving home helps was bedfast permanently 1 was bedfast temporarily 28 were housebound permanently 9 were house bound temporarily and 63 usually went out

Comparing the home help sample with the general sample it is found as would be expected that a much higher proportion of those getting home helps are housebound

TABLE 18

Mobility of those having home helps compared with the general sample

Mobility	Home Help	General
	%	%
Bedfast permanently	—	0·4
Bedfast—usually housebound	1	0·7
Bedfast—usually goes out	—	0·5
Housebound permanently	28	6·9
Housebound—usually goes out	9	4·0
Usually goes out	62	87·5
No. on which % based	101	551

29% of those having home helps are housebound permanently and a further 9% temporarily, compared with about 7% permanently and 4% temporarily housebound in the general sample. 87% of the people in the general sample usually went out compared with only 62% of the home help sample.

Further evidence of the above may be obtained by examining the capacity for self-help of the 2 samples.

TABLE 19

Comparison of proportions in home help sample having difficulty in performing given functions, compared with the general sample

Difficulty with:	Home Help Sample	General Sample
	%	%
Going out of doors on own	59	20
Getting up and downstairs on own	78	37
Getting about house on own	24	8
Getting in and out of bed on own	23	10
Washing themselves	15	6
Bathing	53	22
Dressing	17	8
No. on which % based	101	551

It can be seen from table 19 that those in the home help sample have at least twice as much difficulty in helping themselves as do those in the general sample.

TABLE 20

Doctors attendance on those receiving home helps as compared with the general sample

Doctor's visits	Home Help Sample	General Sample
	%	%
Subject visits doctor regularly	18	12
Doctor visits subject regularly	38	11
No regular visits	44	77
No. on which % based	101	550(1)

(1) Excludes 1 not answering.

Table 20 shows that in Preston, G P s see those receiving home helps more regularly and table 21 shows they see them more often than those in the general sample

TABLE 21

Frequency of visits for those seeing doctor regularly

Frequency of visit	Home Help Sample	General Sample
	%	%
At least once a week	14	7
Every 2 or 3 weeks	33	26
Once a month	*46*	46
Less frequently than once a month	7	21
No on which % based	55(1)	125(1)

(1) Excludes 1 person not answering

Where the doctor is not seen regularly, informants were asked when they had last seen their doctor 11% of those having home helps had not seen their doctor for over 12 months (28% of the general sample), while 19% saw him within the last 7 days (10% of the general sample)

4 0 ELDERLY PEOPLE IN THEIR OWN HOMES—GENERAL SAMPLE

TABLE 22

Person responsible for most of cooking, shopping and housework

Person responsible for	Cooking %			Shopping %			Housework %		
	Men	Women	All	Men	Women	All	Men	Women	All
Self	22	81	64	20	65	52	18	66	52
Spouse	53	2	17	43	4	16	42	2	13
Shared self and spouse	7	4	4	9	5	6	16	8	10
Child (in law) in household	5	6	6	8	9	9	7	8	8
Child (in law) outside household	1	*	*	2	2	2	3	1	2
Other relative in household	4	4	4	4	5	5	4	3	4
Other relative outside household	2	*	1	5	3	3	2	2	2
Other person in household	4	1	2	4	1	2	3	1	1
Friend neighbour	1	*	1	3	5	4	1	1	1
Home help/M-O W/welfare	—	*	*	1	*	*	2	5	4
Private domestic help/eat out	1	*	1	1	*	*	2	3	3
Other person outside household	—	—	—	—	*	*	—	—	—
No on which % is based	157	394	551	157	394	551	157	394	551

*Less than 0 5%

Only 5% of our sample depended on outside help for their cooking (only 0 2% having meals on wheels or the home help cooking most of their meals)

While 37% of those having home helps say the home help does some of the shopping only 0 4% of the general sample say she does most of the shopping and a further 10% say someone outside the household does most of their shopping

7% of the general sample had home helps—but only 4% of the sample had her doing most of the housework and 0 2% doing most of the cooking and shopping

85% of elderly people do the major part of their own cooking themselves or with the aid of a spouse, while 75% do their own shopping and housework

Difficulty in doing cooking, shopping and housework
Where elderly persons did most of their own work, they were asked if they could do it without difficulty. 3% of the elderly people responsible for their own cooking encountered difficulty—the main difficulty being that they were too tired to cook every day. Of those responsible for most of their own shopping 11% had difficulty—mainly in carrying heavy shopping (50%) and because of poor health (25%). But most difficulty was encountered by those responsible for most of their own housework (22%)—the difficulty generally being with bending and lifting heavy objects.

4.1 NEED FOR HOME HELPS
Doctors in Preston were asked if they had any patients who in their opinion should have a home help but could not get one. 4 of the 20 doctors thought they had such patients and between the 4 of them estimated about 16 such patients. The doctors thought their patients were not getting the service because of a chronic shortage of home helps.(1)

40% of the doctors thought the home helps should stay longer and 65% thought they should attend for more days per week (87% of the home help sample had the home help for only 1 day per week).

Six of the doctors had patients who would not have a home help (about 25 patients) because of the means test for ability to pay the charges and 1 doctor thought some of his patients too mean to pay for a home help.

Five doctors had patients who had quite suddenly had the home help withdrawn in the past 12 months without reason.

The above estimates from doctors may not give a complete picture as table 23 shows that nearly 40% of the sample who do not see their doctors regularly have not seen him for at least 6 months. This means that 30% of all old people have not seen their doctor in the last 6 months, and over 20% have not seen him in the last year.

TABLE 23
When elderly people, not regularly seen by the doctor, were last seen by him

When last visited	Persons not seen regularly by doctor	
	No.	%
In last 2 weeks	69	17
Over 2 weeks and up to 1 month ago	47	11
Over 1 month and up to 2 months ago	65	16
Over 2 months and up to 3 months ago	29	7
Over 3 months and up to 6 months ago	41	10
Over 6 months and up to 1 year ago	45	11
Over 1 year and up to 2 years ago	51	12
Over 2 years and up to 5 years ago	45	11
Over 5 years and up to 10 years ago	11	3
Over 10 years ago	10	2
No. of persons on which % based	413(1)	100

(1) Excludes 11 people not answering.

(1) The M.O.H. stated that there is no record of any doctor having been refused home help assistance for one of his patients. In fact, when assistance is sought, the case is followed up not merely from the point of view of provision of a home help, but as a possible welfare problem to determine whether in fact other services are also required.

It may be therefore that need of home help cannot be fully est mated [illegible]

[illegible]

[illegible] not whether there is anyone else either living within or outside the household who helps If not and they are mainly *responsible for carrying out the duties themselves* can they do so without difficulty

It has been shown that a higher proportion of elderly people who were not able to get out and about at the time of the survey needed home helps than did others We shall now examine whether household composition *is* another factor contributing to the need for home helps

We saw in table 9 that a much higher proportion of home help recipients than the elderly population lived alone This would confirm that where an old person is living alone there is a greater need for home helps

Those not usually able to get out and about

There were 46 people in this category in households as follows

Old person living alone	12
Old person living with their child(ren)	14
Old person living with others 64 and under	3
Old person living with others 65 and over	1
Couple living alone	14
Couple living with child(ren)	1
Couple living with others 64 and under	1
	46

Of those living alone 6 had home helps 5 people said the home help did most of the housework and 1 most of the shopping none said she did most of the cooking The case where the home help did not do most of the housework she only came 1 day a week for 3 hours and the recipient had difficulty with all household tasks and needed more home help time in another case where the home help did most of the housework more help was needed All the people with home help had suitable arrangements for shopping but 3 had difficulty cooking and needed meals on wheels

Of the 6 people who were living alone and did not have home helps only 1 did most of her own housework and had d fficulty and needed a home help All had satisfactory arrangements for shopping and cooking

This suggests that for those living alone and not able to get out 1 needs a home help 2 need more home help and 3 need meals on wheels

None of the 14 people living with children had a home help and none of them were responsible for any of the household tasks The 3 people living with younger persons and the 1 living with older friends were not responsible for any of the household tasks

Elderly couples, one or both not able to get out

There were 14 elderly couples living on their own Only 2 couples had home helps (working 1 day a week for 3 hours) and the couples still experienced difficulty when she was not there and needed more home help 5 of the couples without home help reported difficulty in doing the housework

The 1 couple living with their son reported no difficulty and the couple living with their grandson also reported no difficulty.

Thus among those not able to get out there were:

- 6 households needing home helps;
- 4 households needing home help more often;
- 3 persons needing meals-on-wheels.

Those able to get out

There were 504 elderly people in our sample usually able to get out, in households as follows:

	No. of Persons	No. of Households
Old person living alone	142	142
Old person living with child(ren)	58	56
Old person living with others 64 and under	36	27
Old person living with others 65 and over	30	13
Couple living alone	206	122
Couple living with child(ren)	27	19
Couple living with others 64 and under	3	3
Couple living with others 65 and over	2	1
	504	383

Of those living alone, 21 had home helps of whom 18 reported no difficulty. The 3 people who reported difficulty had difficulty on the days that the home help did not come and needed more home help.

Of those living alone, without home helps, 7 had difficulty with housework and shopping, 10 with shopping only and 18 with housework only. Most of those having difficulty with shopping overcame the difficulty with help from relatives and neighbours. Of the 25 having difficulty with housework, 14 had only minor difficulties that were easily overcome, but the other 11 would appear to need some home help, and 2 needed meals-on-wheels.

Four of the old persons living with children said they did most of the housework themselves but with difficulty, all of them having children working full time. 3 of them overcame their difficulties with help but 1 who already had a home help could probably do with more home help.

An examination of the 40 households containing single old people living with others shows 2 who had difficulty with housework. One is a woman of 64 who has arthritis and wears a jacket to support her back. She has had a private help in the past, but having only her pension and a small amount from a boarder (who was leaving to get married and whom she doubts whether she will replace) she does not feel she can afford help. She says cleaning is a nightmare, but she has not asked for a home help in case she has to pay. [Similarly while she owns her own house, she would like to move to a smaller bungalow, but has not applied for rehousing as she could not afford the rent.]

The other woman aged 69 lives in a Council house with her nephew, and has a National Assistance grant. She has arthritis in her hands, and says she needs a home help because she is in pain and the arthritis is getting worse. Both these households appear to need home helps.

Of the 122 elderly couples living alone, only 4 had home helps and none of them reported any difficulty Of those with no home helps, 4 reported difficulty with housework and shopping, 6 with shopping only and 16 with housework only All but 3 of those with difficulty managed to overcome their difficulties in various ways (children and neighbours helping using cleaning aids and private domestic help) In two cases both partners were unfit, in one the wife had heart trouble and the husband had a stroke, while in the other the wife has arthritis and her 80 year old husband is not very active Both these households are receiving National Assistance grants, and would welcome some help with the housework and shopping In the other case, the wife wears a spinal belt, and the husband is paralysed and has fits The son does what he can, and they did have a home help allocated However, the husband objected to her being there, so help was discontinued All three households do, however, need home help

None of the couples living with children or others needed a home help

Thus among those able to get out and about there are

16 households needing a home help
4 households needing home help more often
2 persons needing meals on wheels

Therefore it can be estimated that the total need is

	Sample (551 persons of retirement age)	Population of Preston Census 1966 (17 220 persons of retirement age)
Home helps	22 households	690 households
Home help more often	8 households	250 households
Meals-on wheels	5 persons	160 persons

The old people were asked whether there was anything that would lead them to refuse a home help and 7 of those whom we considered needed help said the cost of the service would deter them from applying and the couple who discontinued having a home help would refuse due to the husband's attitude However, if we assume the remaining people could be persuaded to accept a home help the estimate would remain the same—if they could not be persuaded our estimate would then be

Households needing home help 440
Households needing home help more often 250
Persons needing meals on wheels, 160

The most urgent need for those not able to get out is

Households needing home helps 190

All the informants were asked whether in their own opinion they needed a home help 29 households thought that they did of which 15 were included in our estimate

In 10 of the households which we had not considered to be in need of home help the elderly person needed some assistance with the housekeeping but at the time of the survey each had a satisfactory arrangement with a friend or relative, or privately paid help The remaining 4 cases consisted of 1 house bound man who thought his wife needed help (although she did not think so) 2 people who needed help in the event of their illness, and 1 person who appeared to have no difficulties at all

If an estimate was made on the elderly persons' own assessment of their need for home help, this would amount to:

Households needing home help, 910

which is considerably larger than the estimate based on the criteria examined.

II HOUSING FOR OLDER PEOPLE

The Housing Manager provided the requested information on housing in Preston on January 12th 1966.

1.0 PRESENT POSITION

The Preston Housing Department, in January 1966, had only 2 sheltered housing schemes, one a warden-supervised flatlet scheme with 28 units of accommodation, and the other, 34 self-contained flats linked to a Residential Old People's Home, Wilson House. There was no other purpose-built old people's housing, and the elderly are housed mainly in bed-sitting room flats, 1-bedroom bungalows and 1-bedroom flats. There were at the time:

190	bed-sitting room flats
296	one-bedroom bungalows
965	one-bedroom flats
1,451	Total

The 1-bedroom bungalows are let primarily to elderly people, except on the Ingol Estate, where the rents and bus fares are too high for most of the elderly, and, in fact, with present pressure on accommodation for the large number of elderly from slum-clearance areas, most of the bed-sitting room and 1-bedroom flats were being let to old people as well.

1.1 WAITING LIST

There is an open waiting list for accommodation, but no separate list for old people. As the waiting list is divided into size category, and most old people are either waiting for a bed-sitting room or 1-bedroom accommodation, it was reasonably easy to identify them. It was estimated that there were at the time 63 people on the priority list for bed-sitting room dwellings and 144 for 1-bedroom units of whom about 50% would be aged 60 or over. The priority waiting list comprises those who have some housing need, or are living in shared accommodation. Those on the non-priority list had almost no hope of being offered accommodation.

There is no restriction on admission to the waiting list. People living outside the boundary and with no connection with Preston can put their names on the list.

1.2 SLUM CLEARANCE

Preston is engaged in an extensive slum-clearance programme. Since 1954. of approximately 7,000 properties declared unfit, 4,570 had been demolished by the end of November 1965.

1.3 ALLOCATION OF ACCOMMODATION

Between February 1965 and the end of November 1965 approximately 72% of all allocations of accommodation had been made to slum clearance cases For the period between January 1958 and February 1965 almost 60% of all allocations were to slum clearance cases It was estimated at the end of November 1965 that approximately 1 000 units of bed sitter and 1 bedroom accommodation were required to house the people in the remaining scheduled clearance areas and that this represented about half of the total number of units required to clear the areas Again at least 50% of these 1 000 units would be needed for elderly people From this it can be seen that the majority of the lettings to elderly are to those who are living in housing to be demolished The central areas which are being cleared contain a much higher proportion of old people than in the general population so that not many on the waiting list are offered accommodation each year

It is the Council's policy to try to get elderly tenants to move to smaller units as their family sizes decrease As the move is usually from a 2 or 3 bedroomed pre war house to a new 1 bedroomed bungalow coercion is never needed The tenants ask to move and there is a waiting list of such tenants for a transfer It is estimated that there is a 6 7% annual turnover in the bed sitting room and 1 bedroomed accommodation

The Housing Manager said he had never had a request to rehouse anyone from Part III accommodation but he had rehoused 2 or 3 from hospital A request from a hospital is given serious consideration and depending on the person s circumstances before going into hospital the department has usually been able to help An owner occupier would not be offered accom modation

1 4 SHELTERED HOUSING

The scheme linked with a Residential Home is in Rothwell Crescent and was completed in 1956 It is a block of flats on 2 floors and comprises thirty four 1 bedroomed self contained flats Heating is by means of individual solid fuel fires with back boilers The tenants are entitled to use the facilities of Wilson House and the Matron keeps an eye on them' There is no call bell system between the flats and the Home The M O H is responsible for letting these flats and does so partly from those on the list for Part III and partly from recommendations from various sources including the Housing Department The flats are let not only to old people but to the handicapped as well

The warden supervised scheme Warwick House Oxford Street was com pleted in April 1964 and consists of 22 bed sitting room flats and six 1 bed roomed flats Each flat has its own kitchen Bathrooms are shared as are w c s for the bed sitting room flats The 1 bedroomed flats have their own w c s The flats are heated by electrical under floor warming and have hot water supplied from a central source There is a communal sitting room with TV and a reading room The 2 rooms can be turned into one if required and there is a kitchen attached for catering for social occasions There is also a laundry where the tenants can do their own washing All the flats and the communal bathrooms and w c s are connected to the warden's flat by a call bell system

As the Welfare and Housing Departments fall under the same Authority, there is no grant paid for the provision of sheltered housing, but there is an additional contribution to the Housing Department from the Rate Funds.

The Housing Manager is responsible for letting the warden-supervised housing, and although there may be consultation with the M.O.H. on this, it is not compulsory. On the whole, the old people in the warden-supervised housing are more frail than those in normal housing, and most have some sort of disability such as a bad heart, etc. The accommodation is regarded to a certain extent as a half-way-house to a Residential Home. The Housing Manager, however, said he and his staff experience some difficulty in getting medical services for old people in Warwick House, or in getting them admitted to hospital. He thinks that the G.P.s expect the warden to provide more assistance than she is meant to.

1.5 FUTURE PLANS

During 1966 about 206 units of accommodation suitable for old people are expected to be completed, including a warden-supervised scheme in Harewood Road. There are already twelve 1-bedroomed bungalows in Harewood Road, and the rest of the scheme, comprising 20 bed-sitting room flats and warden accommodation, is expected to be completed by the end of March 1966.

With a large number of known old people in declared slum clearance areas, let alone those in 'twilight' areas to be cleared in the future, the immediate old people's housing programme will certainly not satisfy the need.

2.0 THOSE REHOUSED DURING THE PREVIOUS 2 YEARS

2.1 THE SAMPLE

To get some idea of the background of those being rehoused, an attempt was made to interview a sample of those rehoused from January 1964 to December 1965 who were aged at least 60 when rehoused.

The Housing Department supplied a list of addresses of those households that had been rehoused between 1964 and 1965 who, they said, were 60 years and over, and a sample of 80 addresses was drawn. 12 addresses were found to be ineligible (the occupants were under 60 years old when taking up the tenancy).

The remaining 68 households contained 84 persons of 60 and over; 2 of these were working full-time and could not be contacted after repeated calls, another 2 people did not answer to repeated calls, 1 person was away on a long holiday, 1 was in hospital, 1 was too confused to be interviewed and 1 was too ill to be interviewed. Proxy interviews were taken for 2 people and later incorporated in the sample.

Thus 76 people (60 households) were interviewed, 90·5% of those eligible.

2.2 AGE, SEX AND MARITAL STATUS

The present ages of men and women in our sample are shown in table 1.

TABLE 1
Present age of those rehoused

Age	Men	Women	Both Sexes
60–64	2	9	11
65–69	9	8	17
70-74	4	19	23
75 79	5	8	13
80–84	1	8	9
85 or over	—	3	3
All ages	21	55	76

Table 1 shows that a much higher proportion of women than of men are rehoused

Ten of those interviewed were single 28 were married and 38 were widowed divorced or separated

The original data show that 14 of the informants were under 65 years when they were rehoused 38 between 65 years and 74 years and 21 between 75 and 84 years and 3 people were between 85 years and 90 years—2 of whom had moved with younger siblings and the third with her 62 year old daughter

2 3 HOUSEHOLD COMPOSITION BEFORE MOVING

Thirty four of the old people lived alone before being rehoused and 31 with their spouse only 1 person lived with her unmarried daughter and 3 people with married children and grandchildren 6 people had lived with older relatives and 1 person with younger relatives

2 4 LENGTH OF TIME LIVING IN PRESTON BEFORE BEING REHOUSED

Three informants had lived in Preston less than 5 years before being rehoused and altogether only 7 informants had lived in Preston less than 10 years nearly two thirds of the sample had lived in the town for 40 years or more

3 0 PREVIOUS ACCOMMODATION

3 1 LENGTH OF TIME IN ACCOMMODATION PRIOR TO REHOUSING

Only 2 people had been living in their previous accommodation for less than a year and altogether 8 had been there for less than 3 years Nearly three quarters of the sample had been at their previous address for 10 years or more

3 2 TYPE OF DWELLING AND AMENITIES OF PREVIOUS ACCOMMODATION

(a) Ownership/Tenancy

Table 2 shows the tenancy position of households and persons immediately prior to rehousing

TABLE 2

Tenancy of previous dwelling

Tenancy of previous dwelling	No. of people aged 60 years or over	No. of households
Owner/occupier	13	10
L.A. or Council tenant	12	10
Rented, not Council	45	34
Boarder	3	3
Lived rent free	3	3
All tenancies	76	60

The largest number of those rehoused came from privately rented accommodation. 16% had previously been in other Council accommodation (compared with 21% of those in the general old people's sample).

(b) **Sharing amenities**

Table 3 shows the number of people with sole use of kitchen, w.c. and bathroom in their previous dwelling by type of tenancy.

TABLE 3

No. of people with different types of tenancies, sharing or lacking amenities

Use of amenities	Tenancy of previous dwelling					All Tenancies
	Owner/ occupier	L.A. tenant	Rented not Council	Boarder	Lived Rent free	
Had sole use of all amenities	3	11	6	—	1	21
Lacked/shared bathroom only	10	1	31	—	1	43
Lacked/shared bathroom and w.c.	—	—	3	—	—	3
Lacked/shared kitchen and bathroom	—	—	1	—	—	1
Lacked/shared all amenities	—	—	4	3	1	8
All persons	13	12	45	3	3	76

The highest proportion of people lacking amenities were those in privately rented accommodation, closely followed by the owner-occupiers. The one person in Local Authority housing who had lacked a bath, had had his house bought for slum clearance.

4.0 ACCOMMODATION AFTER REHOUSING

4.1 TYPE OF ACCOMMODATION

Of those who live alone, 21 are in warden-supervised flats, 3 in L.A. old people's bedsitters, 12 in L.A. old people's 1-bedroomed flats, 6 in an ordinary block of Council flats and 1 person in a bungalow. 3 married couples live in warden-supervised flats, 1 couple in a L.A. old person's bedsitter, 6 couples in L.A. old person's 1-bedroomed flats, 2 couples in an ordinary block of Council flats and 2 couples live in bungalows. 4 sisters in 2 households live in warden-supervised flats and a woman aged 87 years and her daughter aged 62 years live as one household in a L.A. old person's 1-bedroomed flat.

4 2 HEATING

Nineteen (32%) of the 60 dwellings have central heating provided but 7 of these used other methods of heating as well, 5 using electric fires, 1 an oil heater and 1 a solid fuel fire 27 (45%) have electric floor warming, 21 of these supplementing it by using electric fires as well 10 (17%) of the house holds used a solid fuel fire exclusively, 1 household used a gas fire exclusively and 1 household an electric fire exclusively

When asked if they felt warm enough in the winter 59 (78%) of the sample said they did, 14 saying they did not feel warm enough 9 of those who felt cold said it was because of structural faults in the building causing draughts, etc., 2 said it was because of the inadequate nature of the heating equipment and 3 said it was because it was too expensive to heat the place properly

4 3 DISTANCE MOVED FROM PREVIOUS DWELLING

Thirty four (45%) of the informants had moved a distance of less than 15 minutes away from their previous homes, 27 (35%) between a quarter and half an hour away, and 15 over half an hour away Of the 42 who had moved more than 15 minutes away, 6 said they had originally thought of refusing because they wanted to be nearer their old home, 3 of these had lived over 20 minutes away and the other 3 over half an hour away Of the 6, 3 said they were satis fied now but 3 said they would still prefer to be nearer their old home, 1 because she wanted to be nearer to her friends or relatives and 2 because they wanted to be near the town amenities

5 0 DID REHOUSED WANT TO MOVE?

No opinion was taken from the 2 proxy schedules but of the others 33 said they wanted to move, 40 had to and 1 both had and wanted to

The reasons given for moving are shown in table 4

TABLE 4

Reasons for moving

Reasons for moving	Had to move	Wanted to move
Lack of amenities	—	3
Slum clearance	35	—
Health reasons	4	8
Financial reasons	—	3
Pressure from family	2	—
House/garden too big	—	7
Wanted place of own/security	—	4
House in bad condition	—	6
Given notice to quit	—	2
To be nearer children/relatives	—	2
Wanted different location	—	7
Other reasons	—	2
All reasons	41	44
No of persons	41	34

85% of those who had to move did so because of slum clearance and the remainder because of pressure from their families (5%), and health reasons (10%) The most usual reasons mentioned by those wanting to move were bad

health, their previous accommodation being too much to manage, being too far from the town, and the house being in poor repair.

6.0 LENGTH OF TIME ON THE WAITING LIST

The length of time people rehoused in the past 2 years had been on the waiting list before being rehoused is shown in table 5.

TABLE 5

Length of time on waiting list before being rehoused

Length of time	Had to move	Wanted to move	All persons
Never	14	5	19
Less than 3 months	3	—	3
3 months but less than 6 months	2	2	4
6 months but less than 1 year	5	1	6
1 year but less than 2 years	1	1	2
2 years but less than 3 years	8	3	11
3 years but less than 4 years	4	7	11
4 years but less than 5 years	—	3	3
5 years but less than 6 years	2	—	2
6 years but less than 10 years	2	7	9
10 years or more	—	3	3
All lengths of time	41	32 (1)	73

(1) Excludes 1 person not answering.

As was to have been expected those who had to move spent much less time on the waiting list than those who wanted to move. 35% of those who had to move were never on the waiting list as opposed to only 15% of those who wanted to move. Even if we exclude those who were never on the waiting list from both groups; those who had to move still spent less time on the waiting list (88% spent less than 5 years on the waiting list) than those who wanted to move (62% spent less than 5 years on the waiting list).

7.0 WARDEN-SUPERVISED ACCOMMODATION

There were 31 people (26 households) living in warden-supervised accommodation. These people were generally older than those in other types of accommodation but the ability to get about and do things for themselves was about the same as the rest of the sample.

8.0 OTHER WELFARE SERVICES

Let us examine whether being rehoused leads to a greater use of the other welfare services. Table 6 shows the use of these services before and after rehousing.

TABLE 6

No. of people receiving welfare services

Welfare service	Before rehousing	After rehousing
Home help	13	14
Meals-on-Wheels	2	3
Health Visitor	2	1
District Nurse	—	3
Welfare chiropody	7	14

There has been little increase in the use of welfare services by older people after they have been rehoused, except in the case of chiropody where the numbers have doubled.

9.9 VIEWING THE ACCOMMODATION AND MOVING

A rather higher proportion of rehoused compared with the other areas we have examined said they were shown over their new accommodation — an official from the Housing Department (32%). 12 people did not see the flat until the day they moved in, but 3 of them said they knew what it was like and 1 person had her daughter look over it. 27 of the informants [illegible] went by themselves to view the accommodation and 11 people (15 [illegible]) with a friend or relative.

Forty-nine of the old people said they had less than a week between accepting the flat and the start of their tenancy, a further 22 had up to [illegible] weeks and 5 people had longer than this. 2 people could not remember how long they had been given.

Seventeen people (23%) said they would have appreciated more time in which to make the arrangements for their move, but none of them asked for the start of the tenancy to be held up while they made their arrangements.

9.11 DIFFICULTIES WITH THE MOVE

Only 3 of the old people said they had any difficulty with getting gas and electricity laid on in their new home; none of them received any help with this. 46% of the tenants did not know they could have had access to the flat before their tenancy started to make measurements, etc. Of these 9 did not need to make measurements as they used their existing curtains, carpets, etc. 11 waited until they moved in, 4 got someone else to do it for them and 7 paid an extra week's rent in order to have time to do what was necessary.

When it came to the actual move, 56 (74%) of the rehoused had help with the removals from children, other relatives and friends—none were helped by Council officials. None of those who had to arrange everything themselves had any difficulty.

10.0 ASSESSMENT OF HOUSING NEEDS ON LOCAL AUTHORITY CRITERIA FOR REHOUSING

Anyone can apply to be put on the housing waiting list in Preston. It does not matter whether they live in Preston or not.

The Housing Authorities say the highest priority is given to those who have a housing need or are living in shared accommodation.

Let us examine the 76 persons (60 households) who had been rehoused in the past 2 years.

(a) Slum clearance

In the sample of 60 households, [illegible] ([illegible]%) said they had to move because of slum clearance. Of these [illegible] had been owner occupiers, [illegible] were renting privately, 1 was living rent free and 1 said he was a Council tenant. If this was so, his house had presumably been taken over by the Council for demolition. All except 1 of the dwellings (which was owner occupied) in which these old people had lived, had [illegible] outside facilities.

(b) Council tenants
Nine households had lived in other Council accommodation before transfer to their present homes. 3, who had 4 or 5-roomed houses previously, said they wanted a smaller house. 2 other people living on their own had 5 rooms each, 1 saying she did not like living in such a rough area and 1 wanting to be nearer the centre of town for his work. 3 people in smaller flats moved to be nearer children or work, and 1 woman had to move when the 3-bedroom house she shared with her daughter's family became overcrowded.

(c) Non-Council tenants
Of the 24 remaining households who were previously in non-Council accommodation, 14 were living in houses with an outside w.c. and 1 had no w.c. at all. We will consider these first. 4 households said they had to move because of poor health and 4 others said they could no longer manage the stairs in their house. 2 said their houses were too large and 3 complained about the lack of amenities although they did not mention any particular health difficulty. The last 2 persons were living as boarders, which they disliked, and wanted a place of their own.

Eight of these informants had been on the waiting list for 3 years or less, the other 7 for 6 years or more. Generally they were rehoused sooner when a question of health was involved.

Nine households had indoor w.c.s and 7 of these also had a bath. The reasons given for moving were that the houses were damp and in poor condition (3 cases), 1 woman had to move because due to arthritis she could not manage the stairs, 1 said her house was too large (it had 7 rooms), 2 households had been in lodgings and had been troubled by their landlords, 1 was living with a daughter and had to move when the family grew up and needed her room, and 1 man had quarrelled with his son-in-law. Only 2 of these informants had had to wait 5 years or more before being rehoused.

Thus we can see that the lack of amenities is obviously the chief cause of old people needing to be rehoused, in total 80% of those living in non-Council accommodation previously had outside w.c.s. However, Council tenants are able to transfer more easily; not all those who moved were previously in houses too large for their needs.

10.1 WAITING LIST
A sample of 20 addresses containing persons aged 60 or over was selected from the waiting lists for bed-sitter and 1-bedroom accommodation. At 5 addresses the occupants had moved away and could not be contacted, at 1 address the householder had died and 1 person was ineligible as she had already been rehoused. The waiting list seems, therefore, rather out of date.

The final sample interviewed consisted of 16 people (including one proxy interview) in 13 households, but an examination of the interviews obtained showed that 9 people (6 households) no longer wanted to be rehoused and 1 person was in the process of being rehoused.

These were:

(a) Woman aged 72 years living in 2 rooms in a house (she had been there for less than a year) where she shared all amenities. She applied for

rehousing over 6 months previously, but now says she does not want to move and would not accept Council accommodation

(b) Woman aged 72 years living alone in her own 3 roomed house (she had lived there less than a year) She had all amenities except an indoor w c She said she was perfectly satisfied with the way she was living and did not want to move and would not accept Council accommodation

(c) Man aged 72 years living alone in his own 3 roomed house he has only one leg but appears to manage quite well The w c is outside but on the same level When he applied he expected to be rehoused immediately—since this had not happened he now says he would reject any offer made

(d) Woman aged 67 years living in a caravan she applied for rehousing before she bought the caravan and no longer wants Council accommodation

(e) Woman aged 71 years living with her daughter she applied for rehousing 3 years ago but now she wants to continue to live with her daughter (the daughter was very willing to have her stay)

(f) Woman aged 61 years living with her sister her husband and her sister's brother in law (all aged over 60 years) She applied for rehousing 2 years previously but in the meantime had bought a small house and no longer wanted Council accommodation

(g) Woman aged 68 years lived in a 7 roomed house which was in very poor repair She has been offered a flat and expects to move in a couple of weeks She was on the waiting list for between 2 and 3 years

Thus of the 20 addresses obtained from the Council waiting list

At 5 the named person had moved away

At 1 the named person had been offered a flat

At 1 the named person had been rehoused

At 1 the named person was dead

At 6 circumstances had changed such that rehousing was no longer desired

At 6 the named person still wanted to be rehoused

The six people are detailed below

Two women one aged 72 living alone the other aged 76 living with her teenage granddaughter were in houses with no bath and an outside w c. The former said her house was condemned and the latter that she wanted a smaller house (she had 6 rooms) Both had been on the waiting list for between 5 and 10 years

A widow aged 68 was living alone in a house owned by her son She had been forbidden to climb the stairs by her doctor because she had a heart condition and therefore wanted a ground floor flat She had a home help for 3 hours a week and did her own cooking and shopping without difficulty

Woman aged 69 living in a self contained flat in the Nurses Home where she was Home Sister She was thinking of retiring when she would have to give up this accommodation and wanted a place of her own and independence

Widow aged 72 living in 2 rooms in a house and sharing the bathroom and w c (there were 6 other households in the dwelling) She said that the landlord entered her rooms when she was not there and wanted a place of her own and privacy

Woman of 65 living in a 2-roomed flat with all amenities. She had no difficulties but said that her rent was too high; she was receiving a supplementary benefit.

The first 5 cases would qualify for rehousing under present criteria, but as they represent only a quarter of the original sample drawn from the waiting list, this is obviously not a suitable method of estimating all or even part of the need. We will therefore make our estimate from the general sample of old people, some of whom will have applied for rehousing.

10.2 NEED AMONG ELDERLY PEOPLE IN PRESTON

The general sample consisted of 157 men aged 65 and over and 394 women aged 60 and over. Of these, 130 said they wanted to move, 100 of whom were willing to accept a Council place. We will examine the latter group first as they are the section of the population most likely to be in need of rehousing.

Those who want to move and who would accept a Council place

The 100 informants who both wanted to move and would accept a Council place comprised 81 households.

(a) **Council tenants**

Nineteen households were already living in Local Authority property. 10 of these were in accommodation too large for their needs, i.e., with 4 or 5 rooms, 8 saying they wanted to move to a smaller place, 1 not being able to manage the stairs in her house, and 1 disliking the district because of the steep hills which she found difficult.

Of the 9 households in smaller Council dwellings, 2 wanted to be nearer their children so they could get help from them, 1 wanted to be nearer her work, 2 wanted to be nearer the town centre and 1 wanted a ground-floor flat as she had difficulty with stairs; these 6 persons would seem to have reasons for moving comparable to those of the rehoused sample. The other 3 persons would not seem to qualify, 1 woman of 60 wanting a ground-floor flat for convenience, 1 wanting to be nearer the shops and 1 wanting a flat without a garden, but all 3 being fit and active.

(b) **Non-Council tenants**

(i) **With outside lavatory**

Thirty-nine households were in dwellings with an outside lavatory, 32 of these also having no bath. More than half said they wanted to move because of bad housing conditions, mentioning among other things lack of amenities and damp, the others wanting smaller houses or flats without stairs which they could not manage. All these people seemed to have a serious need for rehousing. 14 households mentioned that their houses were due for slum clearance sometime in the future, and three others were living at addresses which were on a list of confirmed clearance areas supplied by the Housing Department.

(ii) **With indoor lavatory**

Twenty-three households were living in houses with an inside lavatory, all but one of these also having a bathroom. Of these, 8 had reasons for wanting to

move comparable with those of the rehoused sample 2 were living with their children in over crowded conditions and wanted a place of their own 3 were having difficulty with stairs One couple said their house was in a bad condition with rain coming through the roof, and 2 people had houses which they found too big to manage, having difficulty with the housework (1 of these was living in part of a house, sharing the w c. and bathroom)

The other people saying they wanted to move mostly said that they would like a smaller house but had no apparent difficulties managing in their present accommodation 3 said that they wanted to move to another district They did not seem to qualify for rehousing

Thus of the 81 households who both wanted to move and would accept a Council place, 63 would appear to qualify for rehousing under present criteria

Those who do not want to move but would accept a Council place

In the sample there were 53 households containing old people who said they would accept a Council place if offered one but who at first expressed no wish to move from their present accommodation

Of these, 19 had an outside w c but in spite of this most seemed to be active and able to manage in their accommodation Thus although they would in theory qualify for rehousing their need is not so great and they would be unlikely to be rehoused unless their homes came under a slum clearance scheme 4 of them in fact mentioned that their homes were scheduled for clearance, and two others had problems other than the lack of amenities which would suggest they needed rehousing more urgently These were two widows aged 79 and 80, who had difficulties with getting around could no longer manage the stairs and were confined to the ground floor of their houses From this group we will therefore add 6 households to our estimate of need

Of the other 34 households who said they would accept a Council place, 13 were already L.A. tenants All except 1 had 4 rooms or more but none had any difficulty managing this size dwelling However 1 man needed rehousing as the house he was sharing with his daughter son in law and 3 grandchildren was now too small for them all Of the 21 non L A tenants 1 couple were living in one furnished room and said they had been promised a Council place, but the others had no need for rehousing according to Local Authority criteria

In our sample of 551 people of retirement age we found 71 households who would appear to qualify for rehousing This (taking the 1966 Census figure of 17,220 persons of retirement age in the town) is equivalent to 2 220 households in Preston If we exclude the 17 Council tenants whose needs might be considered to be less urgent, this gives us 1 690 households from other accommodation needing rehousing

Also of the 71 households we know that at least 21 were scheduled for slum clearance This is equivalent to 660 households in Preston, and agrees reasonably with the statement made by the Housing Department that at least 500 old person units would need to be rehoused from the remaining scheduled clearance areas

III OTHER HEALTH AND WELFARE SERVICES

1.0

Preston, being a County Borough, is responsible for its own welfare services. Information on the Welfare and Health services which benefit elderly people, apart from home helps, Part III accommodation and housing, which have been dealt with separately, was obtained from the M.O.H. and members of his staff on January 11th and 12th 1966.

1.1 HEALTH VISITORS

The Superintendent Health Visitor provided information on the work of the Health Visitors. Apart from herself and her deputy there is an establishment of 34 Health Visitors. There was not a full complement at the time, but 25 full-time and 2 part-time Health Visitors. The Health Visitors are not attached to G.P. practices, but the Superintendent said there is co-operation on an informal basis.

In 1965, 8,101 families fell within the supervision of the Health Visitors. These were made up as follows:

Families with children 0–5 years	6,200	(8,900 children)
Elderly households	1,147	(1,327 people)
Physically handicapped	410	
TB households	344	
Total	8,101	

The Superintendent said that the service to the elderly is increasing, and she saw the work of the Health Visitor with the old being mainly preventative, i.e., to enable the old people to stay at home with the aid of domiciliary services. With regular visits the Health Visitor can, if she sees a deterioration in the old person's condition, get in touch with the G.P. or the Health and Welfare Department to arrange for treatment or admission to hospital or Part III accommodation.

The Superintendent Health Visitor is a co-opted member of the Old Persons' Welfare Committee (Preston Council of Social Services). She and her staff work in close liaison with other statutory and voluntary organisations.

1.2 HOME NURSING

The Superintendent District Nurse provided the information on the work of the District Nurses. There were at the time 19 full-time home nurses, 3 part-time relief nurses for holiday and training periods, and 1 temporary relief nurse.

In 1964, 44,436 visits were made to people aged 65 and over and this represents approximately 60% of the total number of home visits made by the nurses.

There is a laundry service provided from Fulwood Civic Hostel which is used for incontinent patients and for the elderly disabled who are unable to make other satisfactory arrangements for their washing. The laundry is collected and delivered 1, 2 or 3 times a week depending on necessity. This service is organised by the Superintendent District Nurse. Apart from the laundry service, incontinence pads are issued by the District Nurses and the Superintendent can arrange for the loan of linen. Modern aids, ranging from simple equipment such as tripod walking sticks to hydraulic lifts, are made

available directly by the Local Authority through the Health and Welfare services (Other general nursing equipment and apparatus is provided by the St. John Ambulance Association)

At present the home nurses have to wash and bathe patients themselves but consideration is being given to the employment of a nursing auxiliary to help with this There is a voluntary washing and bathing service organised from 2 convents on a parochial basis This is only of assistance to Catholics however, and the nuns who also provide help with shopping, etc., do not visit *outside their areas*

13 PHYSIOTHERAPIST

A full time physiotherapist was appointed in September 1964 and a part time one in September 1965 At the time the information was sought, the part time physiotherapist had resigned and was due to leave at the end of January 1966 The physiotherapist's duties are divided between domiciliary visits and school health services Of 7 domiciliary sessions per week, 1 is allotted for a relaxation class for ante natal mothers and 6 for home visits to patients not receiving treatment in hospital Many of the latter are elderly patients with strokes Other conditions included rheumatoid arthritis, osteo arthritis amputations Parkinsonism and disseminated sclerosis

It is hoped that the physiotherapist can, by giving treatment early prevent *deformities and patients becoming bedridden* and that she will be able to help both patients and their relatives adapt themselves to the situation, and assist the patients to come to terms with their disabilities in their own homes

14 CHIROPODY

There is a chiropody service for old people and expectant mothers, the charge being 2s 6d per session There is 1 full time chiropodist and 4 are employed on a sessional basis. Apart from clinic sessions to which old people can be brought by ambulance, there is a domiciliary service to the housebound Although there is a waiting list, the M O H. did not think it was an impossibly long one The W R V S carry out clerical duties and generally assist the chiropodist They also provide their own chiropody service at the club they run for old people the Corporation giving a grant of £100 per annum for the *chiropody service and also for the mid-day meal given to the members*

15 MEALS ON WHEELS

The meals on wheels service is run by the Home Help Organiser, who provided the requested information The meals on wheels van holds about 100 meals and delivers the meals, which are cooked privately under contract on 4 days a week Usually each person receives 2 meals per week as the van covers half the Preston area on alternate days delivering in one area Tuesdays and Thursdays and in the other Wednesdays and Fridays In an emergency *a delivery will be made to a person on all 4 days*

The number of meals that can be delivered is limited by the capacity of the van, but the Organiser has never yet turned down a request for the service Requests are usually received from doctors and hospitals and in these cases she does not personally investigate the case before starting the service, but she will follow up by visiting the applicants The charge is 1s per meal

1.6 NIGHT ATTENDANCE
The Home Help Organiser also organises the Night Attendance Service. There are 5 night attendants and 3 home helps who will also act as night attendants. The service is usually supplied on the request of the G.P., but in cases known to the Organiser a doctor's certificate is not required.

The attendants are on duty from 10 p.m. to 6 a.m., and there is a scale of charges ranging from a minimum of 3s. 6d. to a maximum of 14s. per night. Assessment is made on incomes only if the applicant is unable to meet the full charge. With the help of the 3 home helps, the Organiser has always been able to meet all calls on the service.

1.7 OLD PEOPLE'S CLUBS
There are several old people's clubs in Preston. One run by the W.R.V.S. has a luncheon club once a week and a chiropody service. 2 of the Health Centres are let free of charge to the organisers of old people's clubs, Ribbleton and Brookfield Health Centres. The club at the latter was due to be opened on January 18th.

IV RESIDENTIAL HOMES

1.0
The Principal Welfare Services Assistant is responsible, under the M.O.H. for Preston, for the admission of elderly people to Part III accommodation and for the administration of the Homes. The information on the Residential Homes was supplied by these two officials on January 11th 1966.

1.1 NUMBER OF RESIDENTS
There are 4 Residential Homes for old people in Preston.

	Total No. Places	Number of people from Preston (1/1/66)		
		Men	Women	Total
Fulwood Civic Hostel	303	102	139	241
Ashton	44	12	30	42
Wilson House	38	16	19	35
Sunny Bank (women only)	17	—	15	15
Total	402	130	203	333

Nearly all the residents are old people, and about 79% of the people admitted to the Homes are 74 years of age or over. There were also at the time, in Voluntary Homes, 20 elderly people for whom Preston was responsible, and for whom the Council was making a grant. Several of these Homes are not in Preston, but in other parts of Lancashire, such as Blackpool, Nelson and Silverdale. (No one in a Voluntary Home was drawn in the sample.)

12 WAITING LIST AND ADMISSION

There were at the time 29 people on the waiting list for Part III accommodation, 18 living in their own homes and 11 in hospital During the year 1964, 155 were admitted to the Homes, 100 direct from their own homes, 22 readmissions after periods of hospital treatment, 25 direct from hospital, 2 from other Homes (not transfers) and 6 were persons who had no fixed abode (This information was not yet available for 1965)

Application for admission to Part III accommodation is made to the M.O.H., and the Principal Welfare Services Assistant or one of his 3 Social Welfare Officers dealing with the elderly and handicapped, visits the applicant to assess the need and degree of urgency The main reasons for people being admitted are that they can no longer manage on their own even with the help of domiciliary services, and that they are lonely Fit elderly people will be admitted if they are lonely and would like to live in a Home Old people who are mentally infirm, however, are excluded, because it is felt that it is unfair to the other residents People who are now considered mentally fit enough, however, are admitted from mental hospitals

Those on the waiting list who are at present in hospital are allocated places on the same basis as those living in their own homes i e degree of need and urgency The M O H thinks that an exchange system between hospitals and Homes is unfair to the applicants

13 ALLOCATION TO THE DIFFERENT HOMES

Fulwood Civic Hostel used to be a Public Assistance Institution and in time is due to be closed down Because of its high staff/patient ratio about 1 3, and the fact that it has a sick bay which is staffed day and night and can cater for 6 men and 6 women, Fulwood accepts residents who are more frail and more infirm than can be accepted in the smaller Homes Some of the residents have become bedfast since admission, and are kept in the Home because of the pressure on hospital beds, and chair cases are accepted into Fulwood from hospitals The Matron is a State Registered Nurse

There are usually vacancies in the men's wards but insufficient places to accommodate all the women on the waiting list for Fulwood There are plans to convert some of the vacant men's accommodation into women's wards This involves some rearrangement of the w c s

The smaller Homes cater for those who are more fit and who can get up and about Accommodation in the smaller Homes is very much in demand, and quite a number on the waiting list, whose needs are not urgent are prepared to wait some time for a vacancy in the Home of their choice

14 CONDITIONS IN THE HOMES

Residents are free to remain registered with their own G P s if they wish although at Fulwood it is preferred that they register with the doctor for the Home In fact, 95% of the residents there are registered with the doctor, who attends the Home 3 days a week, and has a consulting room there

Chiropody sessions are arranged in all of the Homes twice a week at Fulwood, twice every 5 weeks at Ashton and Wilson Houses, and once every 5 weeks at Sunny Bank 'Make do and mend' handicraft sessions are arranged at the Homes, and at Fulwood there is a hair stylist with a small fitted salon, for the women residents

1.5 DISCHARGES

For the year 1964 there were 75 vacancies in the Homes through death, 35 residents transferred to hospitals, 5 left to stay with friends or relatives and 34 left at their own request. The M.O.H. said that most of the residents going to hospital went for treatment for acute conditions, the chronic sick can be cared for at Fulwood. Those who took their discharge are mainly those who are of no fixed abode, wanderers and tramps.

1.6 SHORT-TERM STAYS

Six to 8 short-term stays a year are arranged to enable relatives to go on holiday. As well as this, if applicants wish, they may go in for a short trial period before deciding to become permanent residents. This is considered a particularly good idea in the case of owner occupiers.

1.7 FUTURE PLANS

Under Mental Health powers, 40 places are to be provided in 1967/68 for elderly mentally confused patients. A new small Residential Home is being planned for about 1969/70. The Council hopes by 1968/9 to acquire a holiday home somewhere on the coast of Lancashire or Wales for use by both the elderly and handicapped.

2.0 THOSE IN RESIDENTIAL HOMES

2.1 THE SAMPLE

From the 353 residents, a sample of 1 in 4 was chosen, yielding 87 names, 38 men and 49 women, about three-quarters in Fulwood Civic Hostel, the large institution. 3 men and 1 woman were dead. 2 men and 2 women were ineligible; 1 of the men was not a Preston resident and the other had been admitted when he was 45 years old; the 2 women were both short term residents.

Five women and 2 men were not fit to answer the questions rationally; 2 other women were very ill in the sick bay at the Civic Hostel and 2 men were terminal patients in the Preston Royal Infirmary and could not be interviewed. 2 men refused to give an interview.

The remaining 66 (27 men and 39 women), 83% of those eligible, were interviewed.

2.2 AGE OF RESIDENTS

Table 1 shows the ages of eligible residents now, and when they were admitted.

TABLE 1

Age of residents now, and at admission

Age	At admission			At time of interview		
	Men	Women	All	Men	Women	All
60-69	5	9	14	3	8	11
70–74	13	11	24	11	9	20
75–79	7	12	19	5	8	13
80–84	6	11	17	6	11	17
85–89	2	2	4	2	2	4
90 and over	—	—	—	—	1	1
All residents	33	45	78(1)	27	39	66

(1) Includes 6 men and 6 women not interviewed.

2.3 AGE AT TIME OF INTERVIEW

At the time of interview, 11 people (8 women and 3 men) were under 70 years and there were 5 people (3 women and 2 men) over 85 years, 1 of the women being 91 years old

2.4 MARITAL STATUS

Two of the 66 people were married, 1 woman aged 69 years was married only a few weeks before the interview and had previously lived alone, the other woman 74 years old moved into the Home because she could not be looked after properly in her own home Only 1 woman had been married on entry to the Home but was at the time of the interview a widow

Twenty five of the women were widows, the remaining 12 being single, 20 of the men were widowers and 7 were bachelors

3 0 ATTITUDE OF RESIDENTS TOWARDS HOME THEY ARE IN

3 1 WILLINGNESS TO BECOME RESIDENT

Thirty seven people wanted to become residents and 29 people did not want to The main reasons for wanting to become residents were the need for care and attention (40%), because they had housing difficulty (20%) and because they were lonely (20%) Other reasons given were not wanting to be a burden on relatives, and trouble with relatives Of those who did not want to become residents the main reason for becoming a resident was housing difficulty (over half) 20% became resident because they were in need of care and attention while a further 20% became resident because they had had trouble with relatives

3 2 WHO SUGGESTED BECOMING A RESIDENT?

While 37 residents said they wanted to go into a Home, only 26 said it was their own idea The first suggestion usually came from a relative outside the household (9 cases) or from the hospital (8 cases) The G P suggested it in 6 cases and the Welfare Officer in 6 cases In 4 cases relatives inside the household prompted the matter, the rest being friends neighbours, etc.

3 3 LENGTH OF TIME ON WAITING LIST

Twenty five of the residents (37%) were admitted immediately, a further 8 (12%) waited less than a month and 17 (26%) were given a place within 6 months 3 women, aged 69, 79 and 82 at time of admission, said they had to wait up to a year and 1 woman aged 73 years waited over a year, the rest did not remember

3 4 PRE KNOWLEDGE OF WHAT TO EXPECT

Eighteen people (9 men and 9 women) said they were told when they first came to the Home that it was for a trial period, 43 regarded it as a permanent measure and 5 did not answer

Sixteen people (6 men and 10 women) had gone to see the Home before becoming residents, 3 said it was their own idea, 7 said it had been suggested

by friends or relatives and 6 said it had been suggested by the Health and Welfare Department.

Eleven (7 men and 4 women) of the 48 people who had not seen the Home said they were told what to expect, 8 saying it was general reassurance. One woman had been led to expect that she could go out to play bridge and when this did not happen was bitterly disappointed, 1 man was told by friends he would not like the Home and says he has never settled and another man heard conflicting reports but was helped settle down by what he heard. With the exception of the man and woman, the talk had helped them settle down.

3.5 WHETHER RESIDENTS LIKE THE HOME THEY ARE IN

Nearly 70% of the residents said they liked being in a Home, while a further 12% said they liked it with qualifications, some of the qualifications being the food, and lack of privacy. Over 4% said they had no choice but had to like it, but made no specific complaints. Of the 9 people (5 men and 4 women) who disliked the Home, 2 men and 1 woman gave no reason associated with the Home but complained of missing the things they had had in their own home, 1 man wanted a home of his own, 1 man and 1 woman did not like the staff, 1 man and 1 woman did not like the other residents and one woman did not like it because, she said, 'Folks are always losing their bags', implying a degree of dishonesty present in the Home.

Eight of those who did not like the Home they were in lived in Fulwood Civic Hostel (an old Public Assistance Institution). This gives us a figure of 17% of 'don't likes' in Fulwood compared with only 5% of 'don't likes' in all the other Homes.

3.6 DISTANCE AWAY

Nearly 60% of the residents were in a Home less than 15 minutes away from their previous dwelling: 30% had lived between 15 minutes and half an hour away and only 1 person had lived over an hour away. Of the 27 people (42%) who lived more than 15 minutes' travel away from their old home, only 1 person said he would prefer to be nearer his old home and he had lived between half an hour and three-quarters of an hour's travel away.

4.0 LIVING CONDITIONS BEFORE ENTERING A HOME

4.1 PREVIOUS ACCOMMODATION

Over 80% of the residents had occupied a whole house before they became residents. Some 12% had lived in rooms or lodgings (compared with 3% of those of retirement age in the general population). 3 people (4·5%) had lived in purpose-built Local Authority old person's flats, a similar proportion to those in the general sample.

Only 6 people (9%) were Local Authority tenants (compared with 21% of the general old people's sample) and 44% of residents had not held a tenancy or sub-tenancy, but had been boarders or lived rent free (compared with 11% of the general old people's sample).

4.2 AMENITIES

Six people now resident had neither a mains gas or electricity supply. One had no kitchen, but had some cooking facilities. A further 6 shared a kitchen. 22 people (a third) had no bath and an outside w.c.

4 3 WITH WHOM RESIDENTS LIVED AT HOME

Four of the 66 residents had been in other Corporation Homes before entering their present Home All of these, together with 53 other residents, had originally gone into a Home from ordinary domiciliary residence

Of the other 9 residents, 8 had been transferred from hospital to a Home and 1 from a private nursing home, all having lived privately before that

Admissions from hospital

Four of those admitted from hospital were men and 4 were women, 2 men and 2 women had lived alone previously

The other 4 had lived with others before being taken into hospital 3 of these had lived with children or other relatives who could not, or would not, care for them when they were ready for discharge (one old person was mentally infirm), and the other had been living with employers, and had nowhere to go on discharge

Admissions from own home

(a) ***Living on own***

There were 16 men and 17 women The ages of the men ranged between 64 and 88 at time of admission, and those of the women ranged between 62 and 86

Twelve of the women and 8 of the men would appear to have been admitted because they needed care and attention, but 2 women and 1 man wanted company rather than care 3 women and 6 men went into a Home because they had accommodation problems and 1 man had financial difficulties In one case a man of 67 whose house was being demolished was offered alternative accommodation but he says the rooms were too small for his furniture, and he could not afford to replace it

(b) ***Living with spouse***

One woman had been living with her husband, but could not get about very well She lived in a 5-roomed house, with no bathroom and an outside w c

(c) **Living with unmarried children**

A woman of 81 had been living with her unmarried daughter, who was in full-time work She was housebound and could not manage on her own while her daughter was at work

(d) **Living with married children**

Three men and 7 women had been living with married children 1 man and 1 woman did ... man said that having 3 ... ey were all going differen ... man of 81 said she had not been well, and her son in law was frightened she was going to be an invalid, and did not want her there, and a woman of 84 who had had difficulty with stairs and getting in and out of bed said her daughter-in-law did not want her and said she could not manage Another woman aged 84, who was paralysed, became too much for her child to look after

One active man of 71 whose son and daughter-in-law were both working thought he would be better looked after in a Home.

One active woman of 67 was sleeping on a bed in the living-room as her daughter did not really have room for her, and an active woman of 69, living with her daughter in a house with no bathroom and outside w.c., found that the lack of conveniences and a growing grandson made her position difficult.

The last case was an active woman of 60 who had gone to Sunderland to be near her daughter, but had to stay in a hotel as she had no room. She was offered a place by the Sunderland Authorities as being cheaper than the hotel. 3 weeks later she was transferred back to Preston.

(e) **Lived with elderly relatives**

Three men and 1 woman had lived with relatives over 65 years of age. 1 man aged 71 had lived with his sister; he appears to be mentally confused, and this is probably why she asked for a place for him.

Another man aged 70 had lived with his brother in an old house without bath or indoor w.c. He really wanted a flat of his own, but could not get one.

The third man aged 70 had been living in a house with no bath or w.c., doing most of the cooking. He applied for a place so he could be looked after and cooked for.

The woman, aged 81, quarrelled with her sister-in-law with whom she lived.

(f) **Lived with relatives under 65 years old**

Seven women had been living with younger relatives, mainly nephews. 6 of the 7 women were single.

In 4 cases the informants had needed care and attention, 2 being housebound, and 1 able to get out but not very far.

In one case the house was getting too noisy, and in another overcrowded. The one woman who had been married said she had been unhappy, but not why, and her children wanted to have her, but did not have a room for her to sleep in.

(g) **Lived with others**

One woman of 77 had been nursing an old lady, and living in her house. She wanted to leave, but thought that running her own flat would be too much for her, and anyway she wanted more company.

5.0 ABILITY TO LOOK AFTER THEMSELVES

Twenty-six of the men and 27 of the women (80%) said they were able to get out and about before they became residents. 9 women had been housebound permanently and 1 man and 3 women had been housebound temporarily, usually being able to get out, just before entering the Home. None of the sample was bedfast. However, 2 of those who were able to get out did so with some difficulty.

The number of residents who prior to admission had some difficulty with locomotion or self care is shown below —

	No	%
[illegible]	17	26
[illegible]	23	35
[illegible]	7	11
[illegible]	6	9
[illegible]	4	6
[illegible]	2	3
[illegible]	20	30
No d fficulty with any of the above items	25	38

As regards housekeeping just over 50% of the residents had done their own cooking and shopping without difficulty and 3% did these duties them selves but with some difficulty Almost a third of residents were cooked for and nearly a t [illegible]
Housework
out difficulty

5 1 HEALTH AND WELFARE PROVISIONS

Three men and 10 women had home help prior to becoming residents (20%) *compared with 7% of people of retirement age*

Four men and 5 women (all over 75 years) had been having meals on wheels (14% compared with 0 5% of the general population of elderly people) 10 residents had been visited by the D strict Nurse (16% compared with 4% of the general population of old people) and 6 people had been visited regularly by the Health Visitor (9% compared with 1% of the general population of old people)

Fourteen residents (12 women and 2 men) had been using the chiropody service

Nineteen residents saw their doctor regularly (5 men and 14 women) the majority seeing him at least once a month

6 0 NEED FOR RESIDENTIAL PLACES

There are 2 points to cons der The first is are the present residents best served by living in a Home or should they be living in a domestic household? the second is are there any elderly people who are living in such circumstances that they would be better off in residential accommodation?

Let us first consider those now in Residential Homes Since need of places is to be measured aga nst the Authority s criteria there would seem to be no reason to question whether all those people in Residential Homes ought to have been there in the first place From looking at the schedules it would seem many needed more care and attention than they could get at home It would appear however that lack of adequate housing is one factor that is taken into cons deration and we did examine the cases to see whether some of those becom ng residents did so only because satisfactory accommodation could not be found

In most cases where a person had lived with others and been catered for by others in the household and for some reason wanted to or had to give up this accommodation they were in their late 70s and it would seem

unreasonable to expect them to cope with their own household responsibilities even with supportive services.

There were 9 cases where rehousing might have been more appropriate.

Three men, aged between 64 and 73, were active, and had been looking after themselves without help or difficulty, but had to find alternative accommodation.

One bachelor aged 68 years had lived in lodgings; he was active but did not do any of the household chores. When he had to look for alternative accommodation he could not find any. He did not want to go into a Home and could probably have been rehoused and given domiciliary services if necessary.

Widower aged 67 years had lived alone in a 5-roomed house which was condemned; he was active and had performed all the household duties without difficulty. But he went into a Home because he said he could not afford to refurnish the new flat he was offered.

Two women, both aged 72 years, had had difficulty with their children, and on leaving them had nowhere else to go, and could not find other accommodation. Both of them were active.

Widow aged 60 years went into a Home in another town where she was visiting her daughter when the hotel she was staying at became too expensive. She was then transferred to Preston. She is active, although when staying with her daughter she was not responsible for any of the household tasks.

Spinster aged 62 years entered a Home because she did not have a home of her own (she had lived with younger people). She was active and had done all the household tasks without difficulty.

Since most of these people have been in a Home for less than 2 years, it might be that rehousing would still be the best solution to their needs. One man's health had deteriorated, and another had been in a Home for 7 years, so it would be unlikely they would be able to manage on their own. The other 7 would appear to be able to manage, but 3 of them were quite happy in a Home, and were unwilling to set up home for themselves again.

Some of the other residents' physical abilities have changed. One of those who were housebound can now get out, but generally a higher proportion are finding it difficult to get about, and more are now housebound.

Perhaps the best measure, now that they *are* residents, is to consider only those who do not want to remain in the Home, to see whether they ought to be living in their own homes.

6.1 WHETHER RESIDENTS WANT TO STAY IN A HOME

Fourteen residents wanted to leave and set up homes of their own again; there were 8 men and 6 women.

We have already discussed 5 of these cases who were placed in a Home because of housing difficulties only, and 4 would seem to be capable of setting up home on their own.

Four of the other residents who wanted a home of their own were in their 80s, and had been given places because they needed care and attention. It does not seem that their condition has improved sufficiently to enable them to run a home on their own, particularly as 2 of them had not been running a home before they became residents.

Of the other 3 men, 1 was mentally confused, 1 had not been looking after himself, and the other had had a home help, meals on wheels, District Nurse and Health Visitor calling, and having been in hospital was recommended for a Home In none of these cases had their physical condition improved

One woman of 77 had gone into a Home a year previously at the suggestion of her doctor, but says she has no idea why he recommended it except that she would 'get stronger' She says she likes the Home, and has got used to it, but apparently reacted positively to the suggestion that she might prefer to have a home of her own She says she has enough furniture, but this is doubtful

The other woman of 65 has been in a Home for less than a year, and asked the doctor to get her a place when she was ill She says she is much better now, and would like a home of her own

It would therefore appear that 5 residents could be best served in homes of their own, and 1 other person may qualify

6 2 NEED AMONG PEOPLE LIVING IN THEIR OWN HOMES

The Health and Welfare Department had a waiting list of 29 people (18 living in their own homes and 11 in hospital) for residential places

All 29 people were included for interview, but of these 3 had died A further 10 were no longer at the address given, 6 having already gone into Part III, 3 had moved out of the area and 1 person had been transferred from one hospital to another 2 people had been too ill to interview (they were in hospital)

Since we took a census, if the waiting list was up to date, it would consist of 10 people living in their own homes and 7 in hospital The 14 informants (10 living in own homes and 4 in hospital) who were interviewed can be classified as follows —

(i) 2 people (1 in hospital) who have never applied for a residential place, and have no inclination to take up a residential place
(ii) 2 people (1 in hospital) said someone else applied for them and they would refuse a place if offered
(iii) 2 people said their circumstances had changed and would now refuse a place.
(iv) 3 people said they no longer wanted to go into a Home, but would probably accept a place if offered
(v) 5 people (2 in hospital) still wanted to go into a Home and would accept a place if offered

This does not mean that all those who would accept a place needed to be in a Home, or that those who say they would refuse now no longer need it, or could not be persuaded to go We would have to examine these cases, and try to decide whether anything needs to be done, and what would serve their best interest

(i) [illegible]
(a) [illegible]
work, and neighbours do some shopping for her The respondent has difficulty getting out and about and going up and down stairs but apart

from this she is quite fit. She appears to know nothing of any application for a residential place.

(b) Widow aged 75 years, has been in hospital for over 3 years. She thinks she could look after herself in a small flat with domiciliary services. She has difficulty going out and going up and down stairs and does not want to go into a Home because she is sick of institutions. The respondent says she is not on the waiting list for a residential place.

Case (a) appears to be managing quite well and does not need a residential place. Case (b), in view of the length of time she has been in hospital, would be better off in a Home.

(ii) Someone else applied, would refuse a place

(a) Widow aged 77 years, lives alone in a 5-roomed house with all amenities. She cooks for herself without difficulty and has a home help who shops for her and does the housework. The respondent only has difficulty bathing herself. Her son applied for her, but she seems determined to stay in her own home.

(b) Widow aged 64 years, has been in hospital over 10 years. She says she has no physical difficulty and wants to set up her own home. The doctor in charge of the ward put her name on the waiting list and she says she has already turned down a place.

Case (a) appears to be managing quite well and is not in need of a residential place. Case (b) seems physically capable of running her own home, but in view of the fact she has been in hospital for over 10 years she would probably be better off in a Home.

(iii) Circumstances changed, would now refuse a place

(a) Widow aged 81 years living alone in a 6-roomed house without a bath and an outside w.c. She has difficulty going out and about, but cooks without difficulty; her daughter-in-law does the shopping and the home help the housework. She is visited regularly by the doctor. Her doctor applied for her when she was ill, but now that she is better she does not want to go into a Home.

(b) Widow aged 76, lives alone in a house without a bath and with an outside w.c. She only has difficulty going up and down stairs. The home help does her housework and shopping and she also has meals-on-wheels. She was put on the waiting list when in hospital after an accident, but has now recovered and does not want to enter a Home.

Both cases seem to be managing adequately and at the present time are not in need of residential accommodation.

(iv) No longer want to go, but would probably accept

(a) Widow aged 88 years living with her married daughter in a 4-roomed house with all amenities. She has difficulty with everything and her daughter does all the household chores. The daughter was finding it difficult to look after her mother, and put her on the waiting list. The old lady was very enthusiastic about going into a Home, but said that as

she was 88 years old would probably die soon and it did not seem worth while going into a Home But if a place were offered she could probably be persuaded to accept it

(b) Widow aged 80 years living alone in a 4 roomed house She cooks for herself without difficulty and has the home help do her shopping and housework Her doctor put her on the waiting list as she is subject to epileptic fits and needs attention at night She says that she is happy with the way things are at the moment, but if a place were offered she could probably be persuaded to accept it

(c) Widow aged 78 years, lives alone in a 5 roomed house with all amenities She has difficulty going out, going up and down stairs, shopping and doing the housework The doctor put her name on the waiting list as he thought she needed more care and attention The old lady cannot make up her mind about going into a Home, and at the time of interview said she did not think she wanted to go

All 3 cases qualify for a place in a Home as they all need more care and attention than they are getting at present

(v) **Still want to go into a Home**

(a) Spinster aged 79 years living alone in a Local Authority old person's flat. She has difficulty going out and going up and down stairs, though she can cook for herself (supplemented by meals on wheels) She has a home help who does all the heavy work. She wants to go into a Home because she is in need of more care and attention (though she would refuse a place at the Civic Hostel)

(b) Widow aged 78 years in hospital at time of interview, waiting for a residential place where she did not have any stairs to contend with (she had turned down a place on the 2nd floor of a Home) She had difficulty doing everything except getting out of bed, dressing and washing herself

(c) Widow aged 74 years, in hospital at time of interview (had been there for some years) The doctor suggested she go into a Home and she thought it would be best

(d) Widower aged 71 years living in a bedsitter He only has difficulty going up and down stairs which does not affect his ability to do all the house hold chores without difficulty He wants to go into a Home because his present accommodation is very poor, but he would prefer to get a L.A flat

(e) Widow aged 62 years living in a bedsitter She wants to go into a Home because she has no clothes or possessions and after paying for rent and heating has only enough money left to buy food with (She has no physical difficulties)

Cases (a) (c) would benefit from a residential place, while (d) would be best rehoused and (e) would appear to be in need of advice and other welfare services

Thus for the 17 people on the waiting list,

6 do not need places
2 need places but probably would not accept
3 need places and could probably be persuaded to accept
3 need places and would definitely accept
3 not seen, in hospital, probably will need places.

We know, however, that of those already resident, some have never been on a waiting list, and circumstances can change so rapidly with the death of a partner, etc., that there is an immediate need. There are likely to be others not on the waiting list who need residential accommodation.

In this area there appears to be no one group of people who are more likely to need residential places, by L.A. criteria, except that residents are likely to be over 75 years and unlikely to be married as opposed to single or widowed. It must be remembered that going into a Home is usually a voluntary action, in that while it is possible for an Authority to get an order of removal these powers are rarely invoked.

Filling residential places therefore depends on

(i) people asking for places themselves, found to be needing them, and then agreeing to go.
(ii) the Authorities finding people in need, and persuading them to go.

It is much easier to persuade people already in hospital 'permanently' or who have no home to return to, to go into a Home than it would be if they were in their own homes. Indeed, as some residents told us, they did not want to go but had no choice.

If, therefore, we accept that the 9 people on the waiting list whom we found to need places could be persuaded to take them, and add a proportion of places for those *not* on the waiting list who might need places immediately, this figure would give a measure of current need.

We know that 25 of the 66 elderly residents we interviewed said they were admitted immediately.

However, since the 9 people in need of residential places on the waiting list were women (we were told there were vacant places for men) we should only consider the women admitted immediately for our estimate. It would appear that 7 of the 39 women in our sample were unknown to any of the welfare agencies until immediately before they needed a place; if we take this proportion as indicating the need which might arise suddenly, we can calculate that there are 2 elderly women unknown to the Authorities who are in need of residential places. This means that a total of 8[1] extra places would be needed to house all those women in Preston who are likely to approach the Health and Welfare Department, or to be brought to their attention by referal agencies.

This figure is an underestimate of the number who would be allocated places at the present time, as it makes no allowance for those who will be given places in a Residential Home because they cannot continue to live in their present housing, but the object of the exercise was to calculate the number of elderly whose needs could be best met by residential accommodation.

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[1] We calculated there were 11 elderly women in Preston needing places, but since we found 3 women already in residence who could be discharged (and wanted to be), their places were considered as available and the estimate reduced to 8 places.

KIDDERMINSTER M.B.
WORCESTERSHIRE

CONTENTS

I HOME HELP SERVICE

I 0

In Kidderminster, the Home Help Service is at present organised by the W.R.V.S. although the service is financed by the County, who will be taking it over entirely later this year. The Home Help Organiser, who works voluntarily, provided the information on January 19th 1966.

The area covered by the Kidderminster Home Help Service included some rural areas. There were at the time altogether 50 home helps, 6 of whom were working outside Kidderminster. Of those in Kidderminster, 2 were men working part time (25 to 30 hours per week), and 42 were women, 8 of whom were full-time (42 hours per week), the remainder part time. The Organiser estimated that about 80% of the home helps' time was allocated to elderly cases, of which there were at the time 150 in Kidderminster.

Recommendations for the service are accepted from doctors, District Nurses, Health Visitors, Medical Social Workers, etc., and a doctor's certificate is always required before help is allocated. The Organiser does not necessarily investigate each case personally. If the case is likely to be a short term one she may not visit, but all long term cases are, in time, visited. At present, help is allocated to the elderly who cannot manage for themselves and who cannot do their own shopping or who need help with lighting fires, etc. Income is not a bar to receiving the service.

I 1 HOME HELPS FOR PEOPLE LIVING WITH OTHERS

An old person living with a son or daughter who is out at work can be allocated a home help to do those rooms or services used by the old person herself. Help would not be allocated where the daughter or daughter in law is not at work.

I 2 DUTIES OF THE HOME HELP

The duties of the home helps are to give assistance with, or carry out, the normal domestic work required in a household, such as sweeping, dusting, cleaning and polishing. They may also carry coal and make fires, make the beds and do shopping and collect pensions. They may do small articles of washing and ironing, although they are not supposed to do sheets, for which the old people receive an allowance from the N.A.B. The Home Help Organiser said that some home helps take old people's washing home to do in their own washing machines; there is no commercial launderette in Kidderminster. The home helps are allowed to clean the insides only of windows. Although the home helps may help old people to wash and bathe themselves, the County Health Department now employs a bath attendant to do this. The home helps may, however, carry out personal services such as helping old people to dress themselves, go to the w.c. or empty chambers. One home help helps an old man put on his wooden leg every morning.

The home helps may cook for the old people, wash up, and do small articles of mending. They may also read newspapers or write letters. Although they are not meant to, the home helps often wash down walls and paintwork.

They are not allowed to do any gardening or do any big jobs of sewing like making curtains. Neither do they do any household repairs, such as mending fuses, etc., for which they are not trained.

1.3 CHARGE FOR THE HOME HELP SERVICE

There is a scale of charges laid down by the County for the service, ranging from nil to 4s. 6d. per hour. The assessments are made by the County on information provided by the applicant on a prescribed form. There is no financial investigation if the applicant pays the maximum charge. All N.A.B. cases are assessed at nil.

The Home Help Organiser says she thinks there are people who are disinclined to apply for a home help because of the charge, but she knew of only one case where the home help had been given up because of the charge, and that was not an elderly person.

1.4 REVIEW OF NEED

The Home Help Organiser is unable to visit all the cases regularly and relies on the home helps reporting changes of circumstances which necessitate a change in the hours allocated. In no case has the service ever been discontinued to an old person because of a review. Even the demands of maternity or hospital discharge cases have only resulted in the hours to the old person being cut down, not to a discontinuance of the service.

1.5 CONTINUITY OF SERVICE

As far as possible the same home help is sent to the same individual, because old people do not like change. Where an old person is difficult, it is necessary at times to change the home helps around.

1.6 RECRUITMENT OF HOME HELPS

At one time there was a restriction on the number of home helps to be employed, but there is none at present. The Organiser says that she has no recruitment difficulties, and has a waiting list of two at present.

1.7 CONDITIONS OF WORK FOR HOME HELPS

The home helps are paid on an hourly basis which includes travelling time between jobs, but not from home to work. They are not allowed to smoke while on duty.

They receive no training. A few years ago some attended a course run by an Institute but this was discontinued because it was considered the course was unsatisfactory for the nature of home help work. The home helps are issued with green overalls, coats and hats, and an attractive shield-shaped metal badge with the words 'Worcester Home Help Service' on it. 'H.H.' is embroidered in red on the coat.

1.8 OFFICE STAFF

The Home Help Organiser receives some part-time clerical assistance from another member of the W.R.V.S., but she does no investigating on her own. The Organiser was aware that she had insufficient time for visiting, and is hoping that when the County appoints a Home Help Organiser, she may be able to assist by doing some of the home visiting.

2.0 INTERVIEWS WITH PEOPLE RECEIVING HOME HELPS

In order to find out who was being helped, and what the home help does for the elderly, a sample of people of retirement age having home helps at the time of the survey was selected for interview.

2 1 THE SAMPLE

One hundred and fifty elderly people were receiving the services of a home help (2 5% of the elderly population) A sample of 100 addresses was drawn from the files, at 80 of which succesful interviews were obtained with 97 people

The schedules for 3 addresses were lost in the post and 7 addresses were ineligible—2 because the named person had died, 3 because the householders were too young and 2 because the householders no longer had a home help At 3 addresses interviews were refused—2 because the informants could not see the point of it, and at the third a younger woman refused for the named householders for no apparent reason At 7 households no one could be contacted for interviewing for the following reasons 3 householders were in hospital, 2 ill at home, 1 was staying with a niece and 1 had moved away from the address

There were 2 proxy interviews, both of which were included in the sample for factual questions only

Thus for the factual questions the sample is 80 households and 97 people and for opinion questions 79 households and 95 people

2 2 NUMBER OF DAYS AND HOURS PER WEEK

Only 16% of the sample had a home help for 1 day or less a week, 43% had the home help for 2 days a week and 28% had the home help 5 days a week

The number of days a week elderly people have a home help is shown in table 1

TABLE 1
Number of days a week home help calls

No of days	Households		Persons	
	No	%	No	%
Less than once a week	1	1	1	1
1	11	14	14	15
2	34	43	42	43
3	9	11	12	12
4	—	—	—	—
5	23	29	26	27
6	1	1	1	1
Varies within week	1	1	1	1
All visits	80	100	97	100

TABLE 2
Length of time home help stays per visit

Length of time per visit	Households		Persons	
	No	%	No	%
1 hour	15	19	17	18
1½ hours	10	13	11	11
2 hours	51	65	64	67
2½ hours	2	2	2	2
3 hours	1	1	2	2
All visits	79(1)	100	96(1)	100

(1) Excludes one person not answering

The number of hours per visit ranges from 1 hour to 3 hours, the most usual stay being 2 hours as can be seen from table 2.

TABLE 3

Number of hours per week home helps assist elderly person households

No. of hours per week	Households		Persons	
	No.	%	No.	%
1–2 hours	13	16	16	17
3–4 hours	32	41	40	42
5–6 hours	19	24	23	24
7–8 hours	5	6	6	6
9–10 hours	9	12	10	10
11–12 hours	1	1	1	1
All visits	79(1)	100	96(1)	100

(1) Excludes one person not answering.

Only 16% of the households had the home help for 1-2 hours while 41% had her for 3-4 hours and 24% for 5-6 hours. Nobody had the home help for more than 12 hours per week.

2.3 DUTIES OF THE HOME HELP

At nearly all households the home help does the necessary cleaning, dusting and polishing, etc., on the days she attends as can be seen from table 4.

TABLE 4

Tasks performed by the home help

Tasks performed	Households		Persons	
	No.	%	No.	%
Dusting/polishing/sweeping, etc.	78	98	95	98
Cleaning floors	77	96	94	97
Shopping	37	46	40	41
Collecting pension	19	24	20	21
Going to laundry/laundrette	—	—	—	—
Doing some laundry in house	13	16	16	16
Laying fires/filling scuttles, etc.	32*	50	35*	44
Making beds	38	48	44	45
Getting light meals	12	15	13	13
Making tea or coffee	21	26	23	24
Washing up	30	37	35	36
Help wash/bathe	3	4	4	4
Clean windows	50	63	58	60
No. households/persons	80	100	97	100

*17 persons did not have solid fuel fires (16 households).

In nearly half the households the home helps do the shopping, make the beds, lay fires and bring coal into the house. In over a quarter of the households the home help made tea or coffee but in only 15% of the households did she cook or prepare light meals.

Sixty-three people, when asked if they would like more help, said they did not need any more help, 7 did not understand the question Of those that wanted more help, 14 people wanted the home help to do jobs she did not already do—6 of the 14 wanting her to do spring cleaning

2.4 TIME OF ARRIVAL

In 32 households the home help helps with the fires, but in only 6 households does she arrive before 9 a m, as can be seen from table 5

TABLE 5

Time at which home help starts work

Time of arrival	Households		Persons	
	No	%	No	%
8–8 55 a m	6	8	7	7
9–9 55 a m	22	28	25	25
10–10 55 a m	16	20	21	22
11–11 55 a m	*17*	*21*	*21*	*22*
Any time in morning	5	6	6	6
12 noon–12 55 p m	9	12	10	11
1–1 55 p m	2	3	4	4
2–2 55 p m	1	1	1	1
Any time during day	1	1	1	1
All times	79(1)	100	96(1)	100

(1) Excludes 1 not answering

In 5 of the 6 households where the home help arrived before 9 a m she made the fires and in 4 cases attended 5 days a week and in 1 case 6 days a week

On the days that the home help did not attend, in the households where she helped with the fire, the recipients did it themselves or children and neighbours helped them However, 8 people said they had to make the fire themselves, and found this difficult, as will be seen from table 6

2 5 HOW OLDER PEOPLE MANAGE TO DO THINGS ON THE HOME HELP'S DAYS OFF

TABLE 6

How people manage to do things on the home help's days off

How old people manage	Dusting polish ing	Clean ing floors etc	Shop-ping	Making beds	Wash ing clothes	Meals	Making tea or coffee	Fires	Wash ing up
Doesn t need to be done	—	9	7	1	3	2	1	6	2
Leaves it/leaves part/just doesn t get done	46	60	1	6	6	1	—	—	—
Do it themselves no difficulty	24	14	8	16	—	4	14	7	20
Do it themselves with difficulty	6	2	4	7	—	1	3	8	6
Done by someone else	19	9	20	14	7	5	5	14	7
No of people (excluding no answers)	95	94	40	44	16	13	23	35	35

In a high proportion of cases the cleaning of floors is left undone and dusting and polishing is generally done in part only

2.6 JOBS NOT DONE BY HOME HELP

TABLE 7

How elderly people manage household tasks not done by the home help

How old people manage household jobs not done by home help	Shopping	Fires	Meals	Making tea or coffee	Washing clothes	Washing bathing	Making beds	Washing up
Doesn't need to be done	—	—	—	—	—	—	—	—
Leaves it/leaves part/just doesn't get done	—	—	—	—	20	—	1	—
Do it themselves, no difficulty	20	22	54	56	9	67	36	48
Do it themselves, with difficulty	3	6	6	1	1	15	5	3
Done by someone else	33	17	23	15	50	10	10	10
No. of people (excluding no answers)	56	45	83	72	80	92	52	61

3.0 THOSE HAVING HOME HELPS

3.1 SEX AND AGE

Of the 97 people in the final sample, 70 were women and 27 men. Our general sample shows that 32% of those of retirement age were male (29% Census 1966), so it appears that men have an equal chance of being given a home help.

Table 8 shows the age distribution of those receiving home help.

TABLE 8

Age distribution of men and women receiving home help

Age Group	Men		Women		Both Sexes	
	No.	%	No.	%	No.	%
60-64	—	—	3	4	3	3
65-69	2	7	3	4	5	5
70-74	6	22	11	16	17	18
75-79	7	27	17	24	24	25
80-84	6	22	22	32	28	29
85 and over	6	22	14	20	20	20
All ages	27	100	70	100	97	100

3.2 HOUSEHOLD COMPOSITION

58% of the people receiving home helps lived alone as can be seen from table 9.

TABLE 9

Household composition of households having home helps compared with the general sample

Household composition	Home help sample		General sample	
	Households %	Persons %	Households %	Persons %
Old person living alone	70	58	32	24
Old person living with unmarried child	5	5	10	7
Old person living with married child	—	—	8	6
Old person living with others 64 and under	—	—	6	6
Old person living with others 65 and over	5	6	3	5
Married couple living alone	20	31	29	38
Married couple living with unmarried child	—	—	10	12
Married couple living with married child	—	—	1	1
Married couple living with others 64 and under	—	—	1	1
Married couple living with others 65 and over	—	—	*	*
Nos. on which % based	80	97	384	513

*Less than 0·5%.

When an old person is living with others except when the others are also elderly there appears to be less need for a home help

3 3 MOBILITY

No one in the home help sample was bedfast permanently but 2 people were bedfast temporarily 1 was usually housebound and the other usually went out However there were 49 people housebound (41 permanently and 8 temporarily) while 46 people usually went out

The most usual reason for being housebound was arthritis or rheumatism (23 cases) Accidents and strokes were given as the reason for being housebound by a further 11 respondents and the rest suffered from general ailments (5 had failing sight or were blind)

3 4 DOCTOR S ATTENDANCE

Fifty one of the 97 people saw their doctor regularly 10 going to the surgery and 41 being visited by the doctor the remainder only seeing the doctor when needed

3 5 OTHER WELFARE SERVICES

(a) **Meals-on wheels**

Fourteen of the 97 people with home helps also have meals on wheels delivered 12 getting 2 meals a week 1 person 1 meal a week and 1 person 4 meals a week 5 people received meals on wheels before they had a home help 1 person about the same time as the home help 6 people after the home help and 2 people did not answer

At this point it may be of some interest to note the opinions of G P s on the need for more help with meals for old people Asked whether they had any elderly patients not getting meals on wheels who would benefit from them 5 of the 12 G P s interviewed said they knew of such patients—estimates of the numbers ranged from 1 to 75 and 1 doctor could not estimate how many The total estimate for the G P s who thought they had patients in need of the service was 85

The G P s thought their patients were not getting the service because of their own resistance due to the unattractiveness of the food only 1 G P thought it was due to the lack of workers

Nine G P s thought they had patients who needed meals on wheels more days a week 4 did not know how many they had and the estimates of the remaining 5 totalled 81

Three G P s thought meals on wheels should be available 7 days a week 2 for 6 days a week 3 for 5 days a week and 1 for 4 days a week.

All the G P s thought meals on wheels a good idea but had criticisms of the service mainly that it was not frequent enough and the poor quality of the food

(b) **District Nurse**

The District Nurse was calling on 10 of the 97 people (10%) compared with only 1% of those in the general sample and the help given is listed below —

	Home Help Sample	General Sample
Blanket baths, washing and cutting toenails	4	3
Injections	2	2
Dresses wounds, sores, etc.	3	1
No treatment, just checks	1	1
	10	7

The District Nurse had been attending the 10 people in the home help sample for varying lengths of time; in 4 cases less than 3 months, in 2 between 3 and 6 months, and in 1 less than a year.

The District Nurse had not been calling on either sample for very long. It might be interesting to look at the home help sample and see if the District Nurse started to call before or after the home help.

Only 1 person had the District Nurse calling before she got a home help, 1 person got the District Nurse to call and a home help at the same time, the remaining 8 people had the District Nurse long after they first had a home help. This implies that either the home help or Home Help Supervisor refers cases to the District Nurse.

Those having the District Nurse call were asked how long she stayed. The most usual time was 10 minutes or less, but in 1 case she stayed over half an hour.

(c) **Bathing service**

There is a bathing service in Kidderminster (attached to the home nurse and the geriatric social worker). The service is carried out by home nursing attendants who usually have some auxiliary nursing experience but are not qualified nursing personnel. However, only 5 of the 12 G.P.s knew of it. Of the 7 who did not know of it, 6 thought it would not be of any help in reducing the work-load of the District Nurse or in helping the old person.

(d) **Chiropody**

Twenty (21%) of the 97 informants with home helps received some kind of chiropody treatment, 10 going privately and 10 using the welfare service. The same proportion of the general sample go to a chiropodist, but a much higher

TABLE 10

Frequency of treatment of elderly people receiving welfare and private chiropody

Length of time between treatments	Home Help Sample		General Sample	
	Welfare No.	Private No.	Welfare No.	Private No.
Up to and including once a month	1	2	4	10
Over 1 month and up to 2 months	6	4	7	21
Over 2 months and up to 3 months	2	1	3	25
Over 3 months and up to 6 months	—	2	—	21
Over 6 months and up to 12 months	—	1	—	5
No set time	1	—	2	5
No. having chiropody	10	10	16	87(1)

(1) Excludes 2 people not answering.

proportion of this sample go to a private chiropodist (17%), only 3% using the welfare service

The frequency of treatment is detailed in table 10

Table 10 shows that in the general sample those having welfare treatment do so more often than those having private chiropody treatment but in the home help sample the numbers are too small to enable comparisons to be made

In table 11 the respondents' satisfaction with the treatment is examined

TABLE 11

Comparison of whether those receiving private treatment are having less satisfactory treatment than those using the welfare chiropody service

Do you have trouble with your feet so you would like to go more often?	Home Help Sample		General Sample	
	Welfare No	Private No	Welfare No	Private No
[illegible]	1	2	4	13
[illegible]	1	—	—	4
[illegible]	2	—	—	1
[illegible]	4	8	11	70
No having chiropody	8(1)	10	15(2)	88(2)

(1) Excludes 2 people not answering
(2) Excludes 1 person not answering

In both the general and home help samples those who have welfare chiropody have more trouble than those having private chiropody

It might be useful to see how often those who have trouble between visits see the chiropodist

None of the 5 people in the home help sample who have chiropody less than once every 2 months complain that they have trouble between treatments, although 1 says she would like to go more often However, 4 of the 9 who go at least once every 2 months say they have trouble 3 of them wanting to go more often

In the general sample, where a much higher proportion go privately, 19 of the 95 who go regularly say they have trouble, 18 of whom go less than once a month More than a third of those going every 2 months complain of trouble, and a treatment once a month would alleviate most of the difficulty

In Kidderminster the chiropody service is run by the County Council A domiciliary service is provided if required and also a car service is provided by the County Council to take old people to the clinics

Doctors in Kidderminster were asked for their opinions of the chiropody service—the main criticism was a lack of chiropodists

Eleven of the 12 doctors had patients not receiving the chiropody service who they thought needed the services of a chiropodist

All of the doctors in the sample when asked if they could suggest any improvements to the chiropody service stated the need for more chiropodists as the most pressing need

(e) Health Visitors

Eight of the sample had the Health Visitor calling and one used to have her call

(f) **Visiting service**

Twenty-four of the sample had friendly visits from the welfare.

3.6 FINANCIAL POSITION OF THOSE HAVING HOME HELPS

Sources of income

The sources of income of people of retirement age having home helps were compared with that of the general sample.

TABLE 12

Sources of income of those having the services of a home help compared with sources of income of all people of retirement age

Source of income	Home Help Sample		General Sample	
	No.	%	No.	%
Wages/salary	1	1	160	32
Retirement/O.A.P.	92	95	426	85
National Assistance	57	59	68	14
Other Government grants and pensions	11	11	72	14
Private/firms pensions	20	21	106	21
Rents	—	—	23	5
Interest on shares, etc.	3	3	62	12
Income from Charities	1	1	1	*
Other Income	—	—	7	1
No. on which % based	97	(1)	499(2)	(1)

* Less than 0·5%.
(1) %s add to more than 100 as some people had more than 1 source of income.
(2) Excludes 14 people not answering.

Nearly 60% of the home help sample were receiving National Assistance. Generally those receiving National Assistance have incomes in the lower bracket, which would suggest that the actual income of those having a home help is lower than that of those not receiving the service. This is examined in table 13.

TABLE 13

Income of those having the services of a home help compared with incomes of the general sample of old people

Income per week	Single Income				Joint Income			
	Home Help		General		Home Help		General	
	No.	%	No.	%	No.	%	No.	%
Less than £4	1	1	7	3	—	—	—	—
£4–£4 19s.	25	37	93	42	—	—	—	—
£5–£5 19s.	34	51	53	23	—	—	—	—
£6–£7 19s.	7	11	29	13	5	18	33	15
£8–£9 19s.	—	—	20	9	16	57	49	22
£10–£14 19s.	—	—	12	5	5	18	76	34
£15–£19 19s.	—	—	8	4	2	7	38	17
£20 and over	—	—	3	1	—	—	27	12
No. on which % based (Excludes no-answers and refusals)	67	100	225	100	28	100	223	100

Table 13 shows that generally the home help sample have smaller incomes than those in the general sample, 32% of the general sample (single income) have incomes in excess of £6 compared with only 11% of the home help sample For joint incomes the general sample was much better off, 29% having incomes over £15 compared with 7% of the home help sample

TABLE 14
Income of persons not receiving National Assistance and amount paid per week for home help

Income per week	Amount paid per week				Total
	Nil	Less than 5s	5s – 7s 6d	10s and over	
Single Income					
Less than £4	1	—	—	—	1
£4–£5 19s	4	5	1	2	12
£6–£7 19s	1	3	—	—	4
Joint Income					
£6–£7 19s	—	2	2	—	4
£8–£9 19s	4	6	—	—	10
£10 and over	—	4	—	3	7
All incomes	10	20	3	5	38

An examination of the original data shows there is little difference in the number of home help hours allocated to those with or without National Assistance

3 7 MOBILITY OF OLD PEOPLE HAVING HOME HELPS

One would expect those receiving home helps would be less fit than elderly people in general No one in the home help sample was bedfast permanently, but 2 people were bedfast temporarily, 1 of whom was usually housebound and the other usually went out However there were 49 people housebound, 41 permanently and 8 temporarily, while 46 people usually went out

Comparing the home help sample with the general sample it is found as would be expected, that a much higher proportion of those getting home helps are housebound

TABLE 15
Mobility of those having home helps compared with the general sample

Mobility	Home Help %	General %
Bedfast permanently	—	—
Bedfast—usually housebound	1	0 4
Bedfast—usually goes out	1	—
Housebound permanently	42	8 6
Housebound—usually goes out	8	4 1
Usually goes out	48	86 9
No on which % based	97	513

43% of those having home helps are permanently housebound and a furt
8% temporarily, compared with 9% permanently and 4% temporarily hou
bound in the general sample. 87% of the general sample usually went
compared with only 48% of the home help sample.

Further evidence of the above may be obtained by examining the capa
for self help of the 2 samples.

TABLE 16

Comparison of proportions in home help sample having difficulty in performing given funct
compared with the general sample

Difficulty with	Home Help Sample %	General Sample %
Going out of doors on own	64	17
Getting up and down stairs on own	76	31
Getting about the house on own	31	8
Getting in and out of bed on own	26	8
Washing themselves	14	4
Bathing	49	17
Dressing	17	6
No. on which % based	97	513

It can be seen from table 16 that the people in the home help sam
encounter 2-3 times as much difficulty in helping themselves as do a sam
of the general population.

TABLE 17

Doctors' attendance on those receiving home helps as compared with the general sampl

Doctor's visits	Home Help Sample %	General Sample %
Subject visits Dr. regularly	10	13
Dr. visits subject regularly	43	11
No regular visits	47	76
No. on which % based	96(1)	513

(1) Excludes 1 person not answering.

TABLE 18

Frequency of visits for those seeing doctor regularly

Frequency of visit	Home Help Sample %	General Sample %
At least once a week	16	9
Every 2 or 3 weeks	25	22
Once a month	51	48
Less frequently than once a month	8	21
No. on which % based	51	120(1)

(1) Excludes 1 person not answering.

Table 17 shows that in Kidderminster G P s see those receiving home l more regularly and table 18 shows they see them more often than tho the general sample

Where the doctor is not seen regularly, informants were asked when had last seen their doctor 14% of those having home helps had not their doctor for over 12 months (33% of the general sample) while 5% him within the last 7 days (9% of the general sample)

4 0 ELDERLY PEOPLE IN THEIR OWN HOMES—GENERAL SAMPLE

How do elderly people manage with cooking, housework, etc.?

TABLE 19

Person responsible for most of cooking, shopping and housework

Person responsible for	Cooking %			Shopping %			Housework *	
	Men	Women	All	Men	Women	All	Men	Women
Self	18	79	60	27	64	51	13	70
Spouse	62	2	21	45	6	18	55	2
Shared self and spouse	4	5	5	11	7	8	8	7
Child (in law) in household	8	7	7	12	11	11	10	9
Child (in law) outside household	1	1	1	3	3	3	2	2
Other relative in household	2	2	2	2	2	2	2	2
Other relative outside household	1	1	1	2	3	3	—	*
Other person in household	2	1	1	2	1	1	3	*
Friend/neighbour	1	*	*	1	2	2	2	*
Home help/M-o-W/welfare	—	1	1	—	1	1	2	5
Private domestic help/eat out	1	1	1	—	*	*	2	2
Other person outside household	—	—	—	—	*	*	1	—
No on which % based	163	350	513	163	350	513	163	350

*Less than 0 5%

Only 4% of our sample depended on outside help for their cooking having meals-on wheels or the home help cooking most of their meals

While 42% of those having home helps say the home help does some sl ping, only 1% of the general sample say she does most of the shopping a further 8% say someone outside the household does most of the shoppin

4% of the general sample had home helps and in nearly all cases she the housework, but in only 1% of cases did she do most of the cooking shopping

Over 85% of elderly people do their own cooking themselves or with aid of a spouse 77% do the shopping and 79% the housework

Difficulty in doing cooking, shopping and housework

Where elderly persons did most of their own work, they were asked if could do it without difficulty 6% of the elderly people responsible for t own cooking encountered difficulty—the main difficulty being that they v too tired to cook every day Of those responsible for most of their shopping 9% had difficulty—mainly carrying heavy shopping (46%) poor health (27%) But most difficulty was encountered by those respons for most of their own housework (13%)—the difficulty generally being bending (50%) and heavy jobs involving lifting—(38%) 5% had diffic with everything connected with housework

4 1 NEED FOR HOME HELPS

Doctors have to support every application for a home help G P s in Kid minster were asked if they had any patients who in their opinion should h

a home help but could not get one. 4 of the 12 doctors said they had such patients and between the 4 of them estimated they had 10 such patients. The G.P.s thought they were not getting the service because of a lack of home helps.

75% of the G.P.s thought the home help should stay longer and the same proportion thought they should attend more days a week (43% of the sample had help for 2 days a week).

50% of the G.P.s had patients who they thought should have the home help more often, but would not do so as they could not afford the charges.

Nine of the 12 doctors had patients who had had their home help removed suddenly within the past year, the total estimate of such cases being 55 patients.

The above estimates from doctors may not give a true picture as table 20 shows that almost 50% of those not seeing the doctor regularly, had not seen him for at least 6 months.

TABLE 20

When elderly people not regularly seen by the doctor, were last seen by him

When last visited	Persons not seen regularly by doctor	
	No.	%
In last 2 weeks	51	13
Over 2 weeks and up to 1 month ago	40	11
Over 1 month and up to 2 months ago	44	12
Over 2 months and up to 3 months ago	26	7
Over 3 months and up to 6 months ago	35	9
Over 6 months and up to 12 months ago	60	16
Over 12 months and up to 2 years ago	59	15
Over 2 years and up to 5 years ago	29	8
Over 5 years and up to 10 years ago	20	5
Over 10 years ago	15	4
No. of persons on which % based	379(1)	100

(1) Excludes 13 people not answering.

It may be, therefore, that need of home help cannot be fully estimated by reference to doctors, and the following method is suggested.

The need for home helps is likely to depend mainly on whether the elderly person is able to get out and about and, if not, whether there is anyone else, either living in or outside the household, who helps. If not, and the old people are mainly responsible for carrying out the duties themselves, can they do so without difficulty.

It has been shown that a higher proportion of elderly people who were not able to get out and about at the time of the survey needed home helps than did others. We shall now examine whether household composition is another factor contributing to the need for home helps.

We saw in table 9 that a much higher proportion of home help recipients, than the general population lived alone, and a slightly higher proportion are living with other elderly persons. This seems to indicate that where an old person is living alone or with others over retirement age, there is a greater need for home helps.

Those not usually able to get out and about

There were 46 people in this category, in households as follows —

Old person living alone	9
Old person with their child(ren)	13
Old person with others 64 and under	4
Couple living alone	14
Couple with their child(ren)	6
	46

Of those living alone 8 had home helps The one person who was living alone and did not have a home help did her own cooking without difficulty and her daughter did all the shopping and housework (she had turned down the offer of a home help because she preferred to have her daughter help her)

Of the 13 living with children 1 had a home help Of those who did not have home helps there was only 1 person in need of home help—this was a woman of 85 years with bad legs who lived with her son (60 years) who was working full time The son did the shopping but the old person did the cooking and housework with difficulty The remaining people were looked after by their children and did not need home help—the only proviso made was if the children were ill they would need home help

Of the 4 people living with others aged 64 and under 1 was in need of a home help the rest having suitable arrangements This case was a woman of 72 years with a permanent leg injury living with a 17 year old grandson who was working [illegible] to do her own [illegible] nly cooked abo[illegible] do with meals on wheels as well as a home help

Elderly couples, one or both not able to get out

There were 13 couples living alone 2 of whom had home helps—both managed adequately and did not need more home help While 5 of the couples reported difficulty with the housework only 1 of them needed a home help—the remainder had either private domestic help or children coming in regularly to help them

Of the 6 elderly couples living with children none reported any difficulty in doing the housekeeping required of them Thus for those not able to get out there was a need for

Home helps for 3 households
Meals on wheels for 1 person

Those able to get out

There were 467 elderly people in our sample usually able to get out in households as follows

	No. of persons	No. of households
Old person living alone	114	114
Old person with their child(ren)	57	57
Old person with others 64 and under	24	19
Old person with others 65 and over	27	13
Couple living alone	180	107
Couple with their child(ren)	61	37
Couple with others 64 and under	3	2
Couple with others 65 and over	1	1
	467	350

Five people living alone had home helps, but 1 said she had difficulty cooking, so probably needs meals-on-wheels.

Of those living alone without home helps, 2 had difficulty with cooking, shopping and housework, 2 with shopping and housework, 1 with cooking and shopping, 2 with cooking only, 4 with shopping only and 8 with housework only. Those who had difficulty shopping generally managed with recourse to friends and relatives helping them. Of the 12 having difficulty with the housework, 6 managed with help from relatives and the other 6 appear to need home helps. The 3 people who had difficulty cooking did not have physical difficulty, but said they could not afford more than 2 cooked meals a week.

Of the old persons who were living with children but did most of the housework themselves, 5 had difficulty. 4 of them managed with some help from their children. The fifth required a home help.

An examination of the conditions of the 33 households containing single old people living with others shows that the elderly people can either manage household tasks without difficulty, or do not have to do them.

Of the 107 married couples living alone, only 1 had a home help. Of those without home help, 3 reported difficulty with housework and shopping, 4 with shopping and 9 with housework only but most of them had sufficient help. One man had difficulty with the housework (his wife was semi-paralysed) and needed a home help.

Only 1 of the remaining couples appeared to need a home help. This was a woman (60) who had had 4 operations, and found housework and shopping difficult. She lived with her 57-year-old husband and son, both of whom worked full-time. She said, however, that she preferred to do her own housework and did not want a home help, so has been excluded from the estimate.

Thus for those able to get out and about there is a need for 8 home helps.

Therefore, it can be estimated that the total need is:

	Sample (513 persons of retirement age)	**Population of Kidderminster** (Census 1966) (6,070 persons of retirement age)
Households needing home help	11	130
Persons needing meals-on-wheels	2	24

The old people were asked whether there was anything that would lead them to refuse a home help. None of those we considered to need help said there was anything that would lead them to refuse.

The most urgent need for those not able to get out is

Households needing home help, 35,

Persons needing meals on wheels, 12.

All the informants were asked if they themselves thought they needed a home help 18 households thought they did, of which 7 appeared in our estimate

Of the 11 whom we had not included, 3 were households where assistance was needed with the housekeeping, but where at the time it was available from friends, relatives or private domestic help 3 others were men who thought that their wife or landlady needed help, but none of the women concerned had particular difficulty or wanted home help 2 people said they would need help if they became ill, and 1 active couple wanted someone to do a monthly clean for them The remaining 2 had no difficulties at all, but 1 of them was a woman of 86 living alone, who was convinced she needed home help and had applied for one

If an estimate was made on the basis of the elderly person's own assessment of whether they needed home help this would be calculated as

Households needing home help, 210,

which is almost twice the estimate based on our own criteria of need

II HOUSING FOR OLDER PEOPLE

The assistant to the Housing Officer for Kidderminster provided the requested information on housing on January 19th 1966

1 0 PRESENT POSITION

In January 1966 there were 4 warden supervised housing schemes in Kidderminster, consisting altogether of 202 units of accommodation Apart from these, there are 4 bed sitting room flats and 215 one-bedroom flats or bungalows which are mainly used for housing elderly people

1 1 WAITING LIST

There is no separate waiting list for elderly people, but the waiting list is arranged in size categories and the majority of those waiting for 1 bedroom accommodation are elderly It was estimated that there were at the time 236 elderly households on the list

Admission to the waiting list is restricted to those who reside and/or are employed in Kidderminster, and to Service members who are natives of Kidderminster Owning a house is not a bar but the Housing Sub-Committee when approving cases to be offered accommodation, require to be informed if the applicant is an owner occupier No application is considered until it has been registered for at least 18 months [1]

1 2 ALLOCATION OF ACCOMMODATION

Kidderminster has demolished approximately 700 properties in clearance areas during the last 5 years but the majority of the lettings to elderly people are not due to slum clearance During the last 12 months, 12 elderly households were rehoused from slum clearance areas and 52 from the waiting list or through transfers.

[1] This waiting time has now been reduced to 9 months

There is a points scheme to decide priority of housing, which takes into account length of residence in Kidderminster, time on the waiting list, overcrowding, lack of amenities in the accommodation, medical grounds and, for elderly people, age. One additional point is awarded for every year over the age of 65, up to a maximum of 15 points. Details of the points scheme are given on pages 438-440. All cases are reported to the Housing Sub-Committee for approval, but the names and addresses are not disclosed until after approval has been given.

At present the elderly people being allocated 1-bedroom bungalows have over 20 points, but because of refusals, flats are being allocated to people with as little as 13 points. Animals are not allowed in the flats, so many elderly with pets prefer to wait for a bungalow. In order to let 100 flats it is often necessary to approach about 250 people.

There is no difference between the elderly being rehoused in warden-supervised accommodation and those being rehoused in non-warden accommodation. The Housing Department take 65 and over as being elderly, so would not allocate purpose-built old people's accommodation to anyone under this age. The only exception to this would be that handicapped persons can be housed in warden-supervised accommodation irrespective of age. In fact all the new accommodation being provided for elderly people is warden-supervised, except in the multi-storey flats where the resident caretakers keep an eye on elderly tenants.

Although it is the Council's policy to try to get elderly tenants to move to smaller accommodation as their family size decreases, in fact movement is never stipulated because the Council is short of small units of accommodation. During the previous 12 months, 59 elderly tenants moved to smaller accommodation at their own request. This arose mainly out of a development in a pre-war estate of new sheltered housing.

Consideration is given to the request to rehouse people from Part III accommodation or from hospitals. In fact an old lady from Holmwood, a County Residential Home in Kidderminster, had been rehoused in a 1-bedroom flat in one of the new multi-storey blocks, and someone else had been rehoused from a private nursing home.

1.3 SHELTERED HOUSING

There are 4 warden-supervised housing schemes:

(i) Birchen Coppice Estate

There are 44 1-bedroom bungalows, housing 51 people. Some of the bungalows were built in 1950, when there was no warden; the remainder, with the warden accommodation, were completed in 1957. Each bungalow is self-contained with its own kitchen, bathroom and w.c. Heating is by means of a solid fuel fire with a back boiler for hot water. There are no communal rooms, but there is a bell system linking the bungalows to the warden's accommodation.

(ii) Habberley Estate (i)

Fifty-three 1-bedroom bungalows were completed in 1960, and at present they house 71 people. These bungalows have the same amenities as those on the Birchen Coppice Estate.

(iii) **Habberley Estate (ii)**

There are 38 1-bedroom flats which were completed in 1965 linked to the warden's accommodation by a bell system The flats are self contained and heated by gas warmed air, hot water being provided by an immersion heater Also included under the warden's supervision are 22 nearby 1-bedroom bungalows similar in design to those already described These are not linked to the warden's accommodation by a bell system, but a flashing light signal has been fitted to a window in a prominent position

(iv) **Carter Avenue and Greatfield Road**

There are 19 1-bedroom bungalows, 14 1 bedroom flats and 12 2 bedroom flats which were completed in 1965 All are linked to the warden's accommodation by a bell system and they are all heated by means of solid fuel fires with back boilers for hot water

In none of the schemes are there any communal rooms Grab rails are fitted, if required, to the baths

The County Council assists the Housing Authorities with the provision of the welfare services in the sheltered housing schemes if there are about 30 dwellings involved It pays the warden's wages and rent. It also pays for any cleaners needed and covers the cost of the installation of a telephone and any welfare calls It also covers the cost of installing a bell system If any communal rooms are provided the County pays the loan charges on these rooms and makes a grant of about £100 towards furniture It will also pay the loan charges on a laundry, if one is provided The County insists that except for handicapped persons the tenants should be of pensionable age although they do not mind if they are doing part time work The County does not vet the lettings

1 4 FLASHING LIGHT SIGNAL

Apart from the warden supervised scheme mentioned above there are 16 1-bedroom bungalows on the Comberton Estate which have been fitted with the flashing light signal The bungalows were completed in 1954 but the signal has only been installed for 3 4 years and in that time only used once The light is fitted in a window in a prominent position and flashes on and off when switched on Each tenant is given a card to display in the window which is worded as follows

FLASHING LIGHT SIGNAL

If the light is flashing the occupant is in need of assistance If you cannot help please advise a neighbour or the police as a doctor may be required'

In fact, the assistant housing officer said that most of the cards had now faded to such an extent that the words were hardly legible, but that all the people in the neighbourhood knew about the signal [1]

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[1] New cards are now being issued periodically

1.5 FUTURE PLANS

Two warden-supervised schemes are expected to be completed within the next 12-18 months. One will comprise 7 1-bedroom bungalows and 16 flats, and the other comprising 38 1-bedroom bungalows will also have a communal centre. The latter will be on the Birchen Coppice Estate and the centre will be available to the elderly tenants of the other 1-bedroom bungalows on the estate.

The Housing Sub-Committee's needs for further warden-supervised schemes have been submitted to the County Council for consideration, and if these are approved, they should provide by 1971 another 265 units of accommodation. Whether this will meet all the needs of the elderly in Kidderminster is not really known. It will depend largely on the extent of the slum-clearance programme.

If housing resources were not restricted, the assistant housing officer felt that there was a need to house old people who were under-occupied and who were finding it difficult to cope both financially and physically in larger houses. This could apply both to owner-occupiers and to tenants in private accommodation. The existing points scheme makes no provision for these factors.

Housing points scheme[1]

Eligibility

(a) An application may be registered by any person who resides and/or is employed in Kidderminster, but no application will be considered until it has been registered for at least 18 months.

(b) Service members who are natives of Kidderminster shall be eligible for a tenancy.

Date of application

One point shall be awarded for every year of application up to a maximum of 15 points—1 to 15 points.

Length of residence

A maximum of 5 points shall be awarded for length of residence in the Borough at the rate of 1 per year. The points for the applicant and his wife to be calculated separately, added, and then divided by 2—1 to 5 points.

(Note: An applicant and his wife who are both natives of Kidderminster and have resided here continuously, will receive greater points than the couple who are not both natives or who at some time lived away from Kidderminster. This appears to be the only way of maintaining a differential.)

Overcrowding

The standard of accommodation is as follows:

Bedroom 90 sq. ft. or larger—2 persons.
Bedroom less than 90 sq. ft.—1 person.

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(1) The points scheme was amended in June 1966. The main differences are that date of application now carries a maximum of 10 points (instead of 15), having no piped water is given an extra point (was 2, now 3) and having no w.c. or sharing with tenants of other dwellings is given 2 extra points (was 2, now 4). Under the new scheme, lack of amenities carries more weight than prolonged time on the waiting list.

(a) Whole house

Where the total number of occupants in the house exceeds the standard, for each person in excess of the standard—1 point

(b) Applicant's accommodation

Where in bedrooms used exclusively by the applicant's family the number exceeds the standard, for each person in excess—5 points

(c) Lack of sex separation

(i) Where a child over 10 years of age has to sleep in the same bedroom as its parents, or

(ii) Where a child over 2 years of age has to sleep in the same bedroom as a person of the opposite sex (other than its parents) who is over 10 years of age—5 points

N B Points will be awarded whether the lack of sex separation exists in the applicant's family, or whether it affects other persons living in the house but the maximum points will be 5

(d) Living apart

Where an applicant's family includes a child or children, and the parents are unable to live together at the same address—5 points

N B All families living apart will be assessed as though living at one address —the assessment to be based on the least overcrowded address

(e) General

(i) An expected child shall not be classed as a member of the family until after birth

(ii) No points will be given to applicants for overcrowding caused by lodgers or sub-tenants

Sub-tenant/lodger applicants

Points will be awarded as follows

(a) Living in rooms or apartments as distinct from a self contained flat—5 points

(b) Having no separate living room—5 points

(c) Having a bedsitting room only (this will only apply in the case of families with 1 or more children)—5 points

(Maximum of 15 points)

Low standard houses

Points will be awarded as follows

(a) No piped water inside the house—2 points

(b) No adequate hot water system—2 points

(c) No fixed bath or shower—2 points

(d) No electricity—2 points

(e) No water closet—2 points

(f) Where lavatories and/or wash houses are shared with tenants of other separate dwellings—2 points

In addition, points up to a maximum of 5 may be awarded for degree of unfitness, other than that represented by the above list, on the recommendation of the Chief Public Health Inspector or the Medical Officer of Health. This applies also to sub-tenants—1-5 points.

Medical grounds
Points will be awarded on medical grounds as follows:

(a) Tuberculosis
In the case of an applicant who claims that a member of the household is suffering from T.B., the M.O.H. may recommend from 5-20 points or priority having regard to the danger of infection to other members of the household and the extent to which this danger would be reduced by rehousing the family —5-20 points or priority.

(b) Other medical cases
Other medical cases involving permanent or chronic disability or illness affected by housing conditions to be awarded 1-5 points based on the recommendations of family doctors and hospitals, and supported by the M.O.H.—1-5 points.

Aged persons
Most applications for aged persons accommodation are, generally, of a similar nature, and in order to establish a greater differential one additional point will be awarded for every year over the age of 65 years up to a maximum of 15 points—1-15 points.
N.B. In the case of husband and wife, and where there is more than one person, the eldest to be used for calculation purposes.

General conditions
(1) Points for housing conditions or family circumstances (except those given on medical grounds or because of normal family or age increases) will not be given until those conditions have existed for 12 months.
(2) An applicant who moves into worse conditions shall not be entitled to additional points, to which he would otherwise be entitled, for 12 months.
(3) Applications in the same category will be examined in order of dates of applications.
(4) The Housing Committee reserves the right (a) to award further points or to grant a tenancy in cases of exceptional need and hardship, and (b) to withhold the grant of a tenancy when they are satisfied that such a grant would not be in the best interests of housing administration.
(5) In the event of an applicant not accepting accommodation which is offered, then the case is to be brought back to the Housing Sub-Committee for further consideration.
(6) Court Order cases be brought to the Housing Sub-Committee heretofore.

(7) When reporting cases for approval the names and addresses of applicants should not be disclosed until the case has been approved by the Committee

(8) Where applicants are owner occupiers then the Housing Sub-Committee shall be informed

2.0 PEOPLE REHOUSED IN THE PAST TWO YEARS

2.1 THE SAMPLE

A list was made of all dwellings into which elderly people were rehoused in 1964 and 1965 This resulted in 106 dwellings from which 21 were eliminated at regular intervals from a random start leaving a sample of 85 addresses. One of these dwellings was found to contain a 41 year old couple with 2 children under 5 so it was eliminated

Four households were not contacted 1 woman was ill and was staying with her daughter 2 women could not be contacted despite calls at various times of the day and another woman whose husband had died recently was away staying with her daughter

At 2 other households the husbands were interviewed the wives being in hospital

The 80 households contacted yielded 103 interviews thus 95% of households and people were interviewed

2 2 AGE SEX AND MARITAL STATUS

The present ages of men and women are shown in table 1

TABLE 1

Present age of men and women rehoused in last two years

Age group	Men	Women	Both Sexes	
	No	No	No	%
60–64	5	11	16	15
65–69	14	21	35	34
70–74	9	19	28	27
75–79	1	13	14	14
80 and over	2	8	10	10
All ages	31	72	103	

The larger number of women in the lower age groups can be partly explained by the fact that men tend to marry women somewhat younger than themselves and in older age groups by the fact that women tend to live longer than men but there is still a much higher proportion of women rehoused than men

Ten of those interviewed were single 45 were married and 48 were widowed divorced or separated A much higher proportion of women (60%) who were rehoused were widowed compared with men (16%)

Nearly two thirds of the informants were rehoused when they were between 65 and 74 years old and nearly one quarter were aged 75 or over

The oldest person to be rehoused was a woman of 86, the oldest man being 83 years old.

2.3 HOUSEHOLD COMPOSITION BEFORE MOVING

Thirty-three of the elderly (32%) had lived alone before being rehoused and 48 (46%) with their spouse only. 1 other married couple had lived with an unmarried son. 10 'single' parents had lived with children (in 6 cases the 'child' was unmarried, and half the unmarried children were men). 4 had lived with other elderly people, and 4 with younger people. 3 were in lodgings.

About one-third of those living alone, or with spouse only, had no children living near. Of those with children living near, nearly two-thirds say their children helped them when needed.

About 1 in 5 people who were rehoused moved too far away for their children to help them if needed, but all these were between 65 and 74. The rest were rehoused sufficiently near for the children to continue helping them.

2.4 LENGTH OF TIME LIVING IN KIDDERMINSTER BEFORE BEING REHOUSED

All the people rehoused had lived in Kidderminster for at least 20 years, 80% having lived in the town for 40 years or more.

3.0 PREVIOUS ACCOMMODATION

3.1 LENGTH OF TIME IN ACCOMMODATION PRIOR TO REHOUSING

About 30% of those rehoused had lived in their previous accommodation for less than 5 years, and a further 14% for between 5 and 10 years. 45% had been tenants for 20 years or more.

3.2 TYPE OF DWELLING AND AMENITIES OF PREVIOUS ACCOMMODATION

(a) Ownership/tenancy

Table 2 shows the tenancy position of households and persons immediately prior to rehousing.

TABLE 2

Tenancy of previous dwelling

Tenancy of previous dwelling	People aged 60 and over %	Households %
Owner-occupier	8	8
L.A. tenant	52	48
Rented, not Council	32	37
Boarder	4	3
Lived rent free	4	4
Nos. on which % based	101(1)	78(1)

(1) Excludes 2 persons not answering.

The largest numbers of those rehoused came from other Council property, about half the sample. Since the general sample shows that 24% of elderly

are Council tenants it might appear that priority is given to those Council accommodation particularly as all ex Council tenants hac sole use of a bathroom and indoor w c , and few would have qualified points on the over 65 scale However, on examining the schedule found that this high proportion of ex L A. tenants rehoused in the las was due to the demolition of an estate of pre fabs for the purpose ing more permanent dwellings

(b) Sharing amenities

Table 3 shows the number of people with sole use of kitchen w c and room in their previous dwelling

TABLE 3

No of persons with different types of tenancies sharing or lacking amenities

Use of amenities	Tenancy of previous dwelling					
	Owner occupier	L.A. tenant	Rented not L.A	Boarder	Lived Rent free	A Tena
Had sole use of all amenities	5	52	7	2	2	68
Lacked shared bathroom only	2	—	17	1	1	21
Lacked shared bathroom and w c	1	—	5	—	—	6
Lacked shared all amenities	—	—	1	3	—	4
All persons	8	52	30	6	3	99(1

(1) Excludes 4 persons not answering.

The highest proportion of those lacking amenities was among those in privately rented accommodation

Four people had no piped water supply to their dwelling

4 0 ACCOMMODATION AFTER REHOUSING

4 1 TYPE OF ACCOMMODATION

There are very few bedsitters provided in this area most of the accommodation being 1 bedroom flats or bungalows

Some 75% of those rehoused are in purpose built old people's flats or bungalows (nearly 60% of these having warden supervision) The rest are in ordinary L A housing some being moved presumably with others in the household to 3 or 4 roomed flats or houses

4 2 HEATING

Eighteen of the 80 dwellings have central heating provided and 14 have electric floor warming thus 40% of dwellings have some form of background heating provided 2 of the households with central heating also use electric heaters as do all those with floor warming 1 person with floor warming uses an electric heater and an oil stove

The majority of tenants (44%) were provided with and used solid fuel appliances 8 households supplementing with electric heaters and 1 with a gas fire 14% of households used electric appliances only, and 2 gas heaters only

85% of the tenants said their flats were warm enough in winter most of those not being able to keep the rooms warm complained of draughts ill fitting doors or windows etc but 2 people blamed poor heating and 2 others said that they could not afford the high cost of power

4.3 DISTANCE MOVED FROM PREVIOUS ACCOMMODATION

Nearly half the people had been rehoused less than 15 minutes away from their former homes, many of them within 5 or 10 minutes walking distance. Nearly one-third were between 15 and 30 minutes away, and 20% over 30 minutes.

Of the 55 people who were moved more than 15 minutes away, 9 said that they had originally thought of refusing because they wanted something nearer their old home, 5 of them changing their minds because they feared they would not be offered anything else. 4 of these were now satisfied despite the distance, but 5 said they would still prefer to be nearer.

5.0 DID THE REHOUSED WANT TO MOVE?

Two of the rehoused did not answer this question, but of the other 101 rehoused 55 said they wanted to move, 43 had to move, and 3 both wanted to move and had to.

The reasons given for moving are shown in table 4:

TABLE 4

Reasons for moving

Reason for moving	Had to move	Wanted to move
Lack of amenities	—	1
Slum clearance/redevelopment	35	—
Health reasons	4	25
Financial reasons	—	2
Pressure from family	—	2
House/garden too big	—	19
Wanted place of own/security	—	3
House in bad condition	—	11
Given notice to quit	3	—
Retired from tied accommodation	2	—
To be nearer children/relatives	—	1
Wanted different location	—	8
House had to be sold	2	—
Other answers	—	4
All reasons	46	76
No. of persons answering	46	58

The majority of those having to move did so because their old homes were no longer available, including a very high proportion who were being rehoused due to the demolition of their pre-fabs to make way for a more permanent estate. The few who said that bad health had compelled them to move were all Council tenants.

Indeed, bad health was the main reason given by those who wanted to move, twice as many as gave bad housing conditions or lack of amenities as their main reason.

6.0 LENGTH OF TIME ON THE WAITING LIST

The length of time on the waiting list of those rehoused in the past 2 years is shown in table 5.

TABLE 5
Length of time on waiting list before being rehoused

Length of time	Had to move %	Wanted to move %	All persons %
Never	55	18	34
Less than 3 months	9	5	7
3 months but less than 6 months	—	2	1
6 months but less than 1 year	7	3	5
1 year but less than 2 years	4	3	4
2 years but less than 3 years	9	9	9
3 years but less than 5 years	9	13	11
5 years but less than 10 years	7	36	23
10 years or more	—	11	6
No of people on which % based	45	56	101(1)

(1) Excludes 2 persons who did not remember

Since most of those who had to move did so because their homes were no longer available it would have seemed likely that rather more than 65% would have been rehoused either without ever being on the waiting list, or within a very short time Nearly one quarter of those who say they had to move also say they had to wait over two years for rehousing While some of these will be those giving health reasons it may be that others had had their names on the list because they realised they would have to move, say when they retired

Nearly half of those who wanted to move had been on the waiting list for 5 years or more

7 0 WARDEN SUPERVISED ACCOMMODATION

Over 40% of those rehoused in the last 2 years had warden supervised accommodation It might be of some interest to see whether the older, or less active people were allocated this type of dwelling

7 1 AGES OF PEOPLE REHOUSED IN WARDEN AND NON WARDEN DWELLINGS

Table 6 shows the ages of people allocated warden supervised and other dwellings

TABLE 6
Ages of those rehoused in warden and non warden dwellings

Age group	Warden supervised dwellings %	Others %	Nos on which % based
Under 70	45	55	51
70–74	29	71	28
75 79	57	43	14
80 and over	40	60	10
All ages	42	58	103

While a higher proportion of those 75 79 who were rehoused were given warden supervised rather than ordinary dwellings, similar proportions of those

under 70 and those 80 and over were rehoused in blocks with this amenity, so that age is not apparently taken into account very much when considering whether this amenity is desirable.

7.2 ABILITY IN GETTING ABOUT

It may be, however, that ability to get about is a more important factor. This is examined in table 7 below.

TABLE 7

Ability to get about of those allocated warden-supervised dwellings compared with other dwellings

Those having difficulty	Warden-supervised dwellings %	Others %
Going out of doors	28	17
Going up and down stairs	63	50
Getting about house	5	2
Getting in and out of bed	14	7
Washing themselves	7	—
Bathing	42	17
Dressing themselves	5	—
No. on which % based	43	60

It is quite clear that a higher proportion of those in warden-supervised dwellings are less able to care for themselves, or get about without difficulty, compared with those rehoused in ordinary dwellings.

19% of those in warden-supervised dwellings were housebound at the time of interview, 12% being permanently housebound. In ordinary dwellings, 10% were housebound at time of interview, 7% of whom were permanently housebound.

It would seem, therefore, that on the whole, warden accommodation is more likely to be offered to those less capable of living on their own without difficulty.

8.0 OTHER WELFARE SERVICES

Let us examine whether being rehoused leads to a greater use of the other welfare services. Table 8 shows the use of these services before and after rehousing.

TABLE 8

Number of people receiving welfare services

Welfare service	Before rehousing	After rehousing
Home help	6	6
Meals-on-wheels	6	6
Health Visitor	10	9
District Nurse	3	6
Welfare chiropody	10	10

It would appear that apart from the District Nurse, rehousing does not lead to elderly people in this area receiving more welfare services.

9 0 VIEWING THE ACCOMMODATION AND MOVING

10% of those rehoused say an official of the Housing Department showed them over the accommodation before they accepted the offer, another 5% were shown over by the caretaker In 10% of cases the key was given so the applicant could see the accommodation

About 25% of tenants had gained access 'unofficially', by asking previous tenants or the builders to let them have a look around Many of the ex prefab tenants had known they were going to be rehoused on a newly erected site, and had watched the dwellings grow

Just over one third of the new tenants said their tenancy started within a week of their accepting the offer, and a further 30% in less than 2 weeks Over a third, however, had 3 weeks or more in which to make arrangements before moving

Fourteen of the 103 tenants said they would have liked more time to make these arrangements, mostly they said an extra week would have been sufficient None of them had, however, asked for the tenancy to be held up

9 1 DIFFICULTIES WITH THE MOVE

Five men and 1 woman say they had difficulty in making arrangements for gas and/or electricity to be laid on, 3 being helped by relatives or friends the other 3 (1 couple and 1 single woman) having no help In the case of the couple (aged 65/66) the difficulty was having to wait for supply, and the 69 year old woman, who had some difficulty getting about, and had recently been attending the doctor for 'nerves' found the running about too much for her

30% of the informants did not know they could have access before the tenancy started to measure up for curtains and carpets, etc., and in most cases they waited until they were in to measure up, or used existing furnishings

When it came to the move itself, 85% of the old people were helped with packing and unpacking and settling furniture, mostly by their children or other relatives

Most of those who did not have help did not need it, but 1 couple aged 72 and 66 where the husband was blind and had recently had an operation for cancer, had difficulty with the move and would have welcomed help from the Council

10 1 ASSESSMENT OF HOUSING NEED

The points system is set out at the beginning of this section, and while people 65 and over need 20 points for an old people's bungalow, those with 13 points would at present qualify for rehousing in a flat The schedules of those rehoused were divided into two, those who had been Local Authority tenants, and others, and each lot were scrutinised and points assessed according to age, length of time in the town and on the waiting list, previous housing conditions, health, etc., for which points would have been allocated

10 2 THOSE NOT PREVIOUSLY COUNCIL TENANTS

Most of those who were not Council tenants would have qualified for rehousing on the points scheme, or had to be rehoused because their property was demolished under slum clearance or redevelopment There is one case where it is difficult to see why rehousing was granted

A couple, aged 67 (2 points), who had lived in the town all their lives (5 points) had owned a 10-roomed house with all amenities. They had only been on the waiting list for 18 months (the minimum time before being considered), (1 point), and have no difficulty getting about, taking care of themselves, etc., although the wife sees the doctor regularly once a month as she is anaemic. They said they had to move, as they sold their house.

10.3 THOSE PREVIOUSLY COUNCIL TENANTS

Of the 52 Council tenants, 30 would have qualified anyway for rehousing, either on the points system, or due to demolition of property. 9 tenants had found other tenants who agreed to transfer. 13 tenants (10 households) would not have qualified, and appear to have been rehoused to free larger units.

It would seem, then, that a fair estimate of the numbers needing rehousing would be given by:

(a) Examining the waiting list to see who qualifies under the points system.
(b) Examining those who are not Council tenants and haven't applied but would accept a Council place to see how many would qualify if they had applied, and see how many would accept Council housing.
(c) Examining the schedules of those who are Council tenants, who want to move, and (a) would qualify on the points system; or (b) are occupying accommodation in excess of their needs. Some of these tenants have applied to the Council for rehousing, but they are not on the waiting list.

10.4 WAITING LIST

From the waiting list (estimated at 236) a sample of 19 households was selected where the applicant was aged 60 or over, 9 being single person households, 9 containing married couples, and 1, shown on the waiting list records as being a single-person household when the applicant registered a few months earlier, but actually comprising the 71-year-old applicant, her son, and her 81-year-old sister, who really want a 3-bedroom bungalow.

In 2 cases the applicants had moved, and in another 2 cases the houses were empty, the applicants having moved or died. In 1 case where a married couple had been on the waiting list for 6 years, the wife had died, and the husband had gone to live with his son. In another case the applicant had gone away, and the neighbour did not know where she had gone or if she was coming back.

Thus 5, or possibly 6, of the 19 households had changed residences and/or no longer needed rehousing.

The final sample consisted of 13 households containing 21 people. All but one of these people were interviewed. The exception was a man who was a diabetic, paralysed and in a wheel chair, and whose doctor insisted he could no longer live in his house, so he had gone to live with his daughter until they could be rehoused. The wife, who had remained at home, was interviewed.

Three households (5 people) said they no longer required rehousing. These were:

(1) A couple aged 65 and 69, who live in a rented 6-roomed house, with a bathroom, but having an outside w.c. The husband has Parkinson's disease and angina. They have decided it is not worth the bother of moving, and the rent would be too much; they say they would not accept

a Council place if it were offered They have been on the waiting list for nearly 3 years

(2) A 67 year old man, working full time, and owning his own 4 roomed house with all amenities Records show he applied for accommodation 25 years previously, and was offered a flat, which he declined as the rent would have been more than his total cost of living where he is at present

(3) A married couple of 62 and 64, husband working full time, who are at present living in a 4-roomed Council house with their daughter and her 3 children The records show they applied 5 years ago for rehousing and have been living at this address for 4 years Since there is no sign of a son in law in the household, and the daughter only works part time, it may be the father is supporting the family There are 3 bedrooms, so if the couple have one, the 2 grandsons (aged 14 and 4) have another, this leaves the third one for the daughter and grand daughter (age 9), which is a cramped, but not impossible situation The couple say they do not want to move, and would not accept a flat if it were offered

We are thus left with 10 households containing 16 people who want Council accommodation, and it would appear that the Council's list is not up to date [1]

Age, sex and household composition

Four households were women all between 65 and 69 years old, living on their own 3 were widows, 1 was single

Five households were married couples, 3 in their early 60s 1 late 60s and the other early 70s

The last household contained the applicant aged 71, her sister, aged 81, and her son aged 33 They wanted to be rehoused as a unit

Length of time in Kidderminster

Most of the applicants had lived in Kidderminster for over 50 years, and all but 1 for over 20 years The exception was a couple who had lived in the town for 12 years.

Length of time on waiting list

One couple (aged 60 and 61) had been on the waiting list for 7 years The wife is housebound with arthritis, walks with a stick, and finds it difficult to grasp things She also had an operation for a colostomy They live in a rented 4 roomed house, with no bathroom, and an outside w c. shared with another house They were told they were too young for old people's accom modation, but were offered a flat, which they refused as 'we must be on the level'

Another couple (aged 63 and 64) had been on the list for 5 years The husband is paralysed and a diabetic and his wife has difficulty with stairs They have no bathroom, and an outside w c. shared with another house (other houses?) and the house is so dilapidated and damp (the cellar is under water) that the husband's doctor had suggested that he go to live away with his daughter until being rehoused The wife is naturally distressed at this separation and says she has submitted 5 medical certificates to no purpose

[1] The waiting list is reviewed each year a letter being sent to each applicant asking whether they wish their name to remain on the list If the form is not returned within 2 weeks their name is deleted

Both couples would appear to be very near to getting 20 points, on the grounds of 5 for length of time on waiting list, 5 for length of residence in the Borough, 4 points for no bathroom and sharing w.c. with households in separate dwellings, a member has a permanent or chronic disability (1-5 points), and if neither have an adequate hot water supply (which seems a possibility), an extra 2 points would be allocated. Neither of the couples would, however, qualify by the L.A.'s standards as 'elderly', so would not be eligible for purpose-built old people's bungalows.

Checking through the sample of those rehoused, we found that most of the rehoused households in the younger age groups (60-64 years) had been Council tenants before being rehoused in their present dwelling, and although some of them were given warden-supervised accommodation, it appears to have been in flats, rather than bungalows.

One woman had been on the list for 4 years, and another for nearly 3 years, 4 had been waiting a year, and 2 had added their names within the last 6 months.

Type of tenancy

One couple were owner-occupiers, otherwise all were renting. Most of the applicants had a whole house, or a self-contained flat, but 2 women were in rooms, one of them having 2 rooms in her son's house. No Local Authority tenants are on the waiting list.

Reasons those on the waiting list want to move

The reasons can be categorised as follows:

(a) **Tied accommodation or potentially homeless**

One couple, where the husband is 71 and is working full-time managing a public house, want to retire, but cannot, as they have nowhere else to go as the flat goes with the job.

A woman of 68, renting 2 rooms from her son, says he may move from the district, when she would be homeless.

(b) **Bad housing conditions**

One couple of 64, both working, rent a 4-roomed house which has no bathroom, and they have to share an outside lavatory with households in other dwelling(s).

One woman of 69 is living in a 6-roomed house, which is too big and damp and has no bathroom and an outside w.c. She sleeps in her living-room, as 'upstairs is like an ice-house'.

(c) **Bad housing conditions and health**

The 2 cases discussed in 11.3 come into this category. So, too, does the case of another couple aged 70 and 73, both having difficulty with the stairs, who are living in a house with no bathroom, and sharing an outside w.c. with other dwelling(s). They had been offered a flat, but refused because of the stairs.

There is also the household consisting of the applicant (aged 71), her son, and her 81-year-old sister. They have no bathroom, and an outside w.c. The older lady slipped on the ice in the yard when going to the lavatory and hurt

her head and back There are also steps up to the house, and they say the house is in a dilapidated condition

(d) **Miscellaneous reasons**
One woman wants a smaller flat It is self contained and has all amenities, and she applied before the death of her husband who found the stairs difficult Now she cannot manage the high rent and rates

Another woman applied when she was being turned out of her room, and was desperate for somewhere to go She has now found other rooms, sharing all amenities, and says that she is quite satisfied, but if the Council offered her a place, she would go and see it She does not want to live in a block, or take a place that is 'poky' and 'you never know what sort of people you are going to be with'

Need on the waiting list
It would appear that the first couple in (a), the two households in (b) and 4 in (c) all need rehousing, although one household in (c) needs a larger flat

If one accepts having at least 13 points as indicating a need for rehousing (they are offering flats to those with 13 at the moment), and that the Housing Committee has the right to grant tenancies in the case of exceptional hard ship, the total need from the waiting list would be

37 bungalows or ground floor flats
25 other flats
12 family units
—
74

10 5 NEED AMONGST THOSE NOT ON THE WAITING LIST

(a) **Those who are not Council tenants, and are not on the waiting list**
An examination of the schedules of people who are not Council tenants and would accept a Council place if necessary shows

(i) Thirty-one people do not want to move, and do not qualify
(ii) Five people (5 households) do not want to move, but *would* qualify if they did, 1 of whom is about to be rehoused under a demolition scheme
(iii) Thirty people would like to move to Council accommodation, but do not qualify
*(iv) Four people (3 households) would like to move to Council accommo-*dation, and do qualify, needing 1 single, 1 double, and 1 family unit

(b) **Council tenants who have not applied for rehousing**
Twenty people (16 households) do not want to move

Seven people want to move do not qualify, but are in too big accommo dation

Three people want to move, do qualify, and are also in accommodation too big

(c) **Council tenants who have applied for rehousing (but are not on waiting list)**
Five people have applied, do not qualify, and are not in too big accommo-dation

Twelve people have applied, do not qualify, and are in too big accommodation.

One person has applied, is qualified, but is not in too big accommodation.

Thus for those not on the waiting list, our sample shows the following number of people needing rehousing:

From section (a), (ii) and (iv)—9 people (8 households).
From section (b)—3 people (2 households).
From section (c)—1 person (1 household).

with the addition of those who could be rehoused from L.A. property solely on 'too big' grounds.

From section (b)—7 people (4 households).
From section (c)—12 people (9 households).

The total need from the whole population would thus be

From waiting list: 37 bungalows, 25 other flats, 12 family units.

From those not on the waiting list, but qualified for rehousing and wanting to move to Council accommodation

130 units (35 of whom are already Council tenants).

There are also 150 Council flats occupied by elderly tenants which are too big for their needs, and who want to move, making a total of:—

Two hundred units from those qualifying as in need (35 of which would be occupied by present L.A. tenants).

Plus 150 units for Council tenants in too big accommodation.

III OTHER HEALTH AND WELFARE SERVICES

Information on welfare and health services which benefit elderly people, apart from the Home Help Service, Part III accommodation and housing, which have been dealt with separately, was obtained from the Divisional Area Medical Officer, the Chief Nursing Officer and the Geriatric Health Visitor for Kidderminster on January 18th and 19th 1966.

1.1 MEALS-ON-WHEELS

The meals-on-wheels service is being run by the W.R.V.S. and serves two meals per week per person to about 80 people, mainly elderly. The number of meals that can be served is limited by the capacity of the van and the cooking facilities. The service is inadequate at present and there is a waiting list. The Area Medical Officer thought it probable that the service would be taken over by the County in time. There have been complaints of cases where people did not get their meal because the food ran out.

1.2 HEALTH VISITORS

The Health Visitors in Kidderminster spend only a small proportion of their time on elderly people. This is partly because of lack of staff (there had never been a full complement) and partly because of the pressure of other work. The Health Visitors are also the school nurses. They are not attached to G.P. practices. Before the appointment of the Geriatric Health Visitor there was only one old person case registered for special supervision in Kidderminster. About four months after her appointment there were 31.

1.3 GERIATRIC HEALTH VISITOR

This is a newly created post, the present holder being appointed in August

1965 Her district covers some of the rural area around Kidderminster as well as Kidderminster itself At the time the information was sought she was mainly engaged on dealing with discharges from geriatric hospitals On a request from a medical social worker, the Geriatric Health Visitor investigates the patient's home conditions, and makes the necessary preparations with relatives for the old person's discharge In emergencies, where help has not been immediately obtained from relatives, she has got in shopping and seen herself that the bed was aired The Area Health Department has an electric bed airer for this purpose

Cases are also referred to the Geriatric Health Visitor by G P s, Sanitary Inspectors, N A B , etc., and by the Home Help Organiser, for whom she does some home visiting

It is the Geriatric Health Visitor's function to go into a case in an emergency, get things going then hand over to the usual Health Visitor

1 4 HOME NURSES

There is an establishment of 7 full time Home Nurses in Kidderminster At the time there were only 6, and 1 was still to be appointed The majority of the nurse's time is spent with elderly people

A home nursing attendant is employed on an hourly basis to help with bathing and dressing patients and to assist the Home Nurses The attendant is also available to the Geriatric Health Visitor At present the attendant works about 20 hours per week

1 5 CHIROPODY

The County Council runs a chiropody service at a charge of 2s 6d per session (pair of feet) Apart from clinics there is a domiciliary service if required The Hospital Sitting Car Service is used to bring people to the chiropody sessions This service, which is run by the County consists of a pool of private car owners who are paid 6d per mile for conveying patients The Medical Officer thought that the present chiropody service was adequate to meet requirements

1 6 NIGHT ATTENDANTS

The County Health Department runs a Night Sitting Service The aim is to have a panel of night sitters on which to draw, but in January there was no one on the panel in Kidderminster However, the Chief Nursing Officer said it had usually been possible to meet a call on the service by coaxing neighbours, church members, etc., to act as night sitters The maximum charge is 3s 6d per hour, but there is a scale of charges based on income assessed in the same way as for the Home Help Service

1 7 LAUNDRY SERVICE

There is no laundry service at present in Kidderminster, but the Medical Officer would like to have one started Where needed, incontinence pads are issued by the Home Nurses

1 8 LOAN OF NURSING EQUIPMENT

The County keeps a stock of nursing equipment in local depots, and arrangements for their loan are usually made by the Home Nurses or Health Visitors.

Equipment is also on loan from the British Red Cross Society and St. John's Ambulance.

1.9 FUTURE PLANS

The Medical Officer mentioned that he would like to have a physiotherapist available for domiciliary visits to old people as well as an occupational therapist. He would also like to have a Sanitary Squad, under the Geriatric Health Visitor, available to go in and clean up in cases of dirty and incontinent old people. The Squad would also be able to do disinfecting and disinfesting.

IV RESIDENTIAL HOMES

The County Welfare Officer for Worcestershire provided the requested information on the Residential Homes on January 18th 1966.

1.0 PRESENT PROVISION

There are 8 Residential Homes in Worcestershire and 3 joint-user establishments, i.e., hospitals which have welfare wards. Altogether the County has accommodation for 700 people. There were at the time 98 elderly people from Kidderminster in the County Homes as follows:

Residential Homes	
Heathlands, Pershore	4
The Herriots, Droitwich	1
Holmwood, Kidderminster	44
The Howells, Malvern Link	2
Laburnum House, Upton-upon-Severn	11
Malvernbury, Malvern	1
Swinford Old Hall, Evesham	1
Joint-user Establishments	
Avonside Hospital, Evesham	1
Kidderminster General Hospital, Bewdly Road, Kidderminster	33
	98

There were also 4 Kidderminster residents in other Authority Homes and 5 in voluntary association Homes for whom Worcestershire accepted responsibility and was paying a grant (none of these was drawn in the sample).

1.1 WAITING LIST AND ADMISSIONS

About 40% of the total number on the waiting list are Kidderminster residents and at the time there were 20, of whom 3 were in hospital. The County Welfare Officer said that there were more applications from Kidderminster than from some of the other densely populated areas of Worcestershire such as Oldbury. The reason for this is not known.

When an application for admission is received, one of the Social Welfare Officers calls to see the old person concerned to assess the case. The County Welfare Officer then writes to the G.P. asking for him to complete a form reporting on the applicant's medical condition. The G.P. is required to state whether in his opinion the person is fit enough to go into a Home where nursing facilities are limited, that the person is not sick and in need of hospital treatment (including chronic sick hospitals) and that the applicant's mental condition does not preclude him/her from living a normal community life in a

Welfare Home He is also asked to give the reasons why he thinks the old person might be in need of care or attention and to give his general observations on the physical and mental condition of the applicant with particular reference to any disability or subnormality necessitating assistance in walking, climbing stairs, washing and dressing, etc and whether a precautionary X ray examination is advisable (the Medical Officers of Health Liaison Committee has intimated that an X ray is desirable for all persons admitted to Part III accommodation, and Worcestershire County Council in recent years has X-rayed applicants where it is considered desirable) The G P is also asked, in order to assist the staff of the Homes to give particulars of any treatment he is prescribing for his patient The Social Welfare Officers visit each person on the waiting list at least every few weeks, and some who are on their own, every week

During the year 1965, 54 people were admitted into Residential Homes from Kidderminster For 1964 the figure was 57, for 1963, 70 (a peak year due to the severe winter), for 1962, 52 and for 1961, 42 An analysis given in table A made by the County of people admitted to residential accommodation for the whole of Worcestershire during 1964 shows the ages of those admitted and the reasons for admission The largest single category of admissions were those who really had no suitable place to live, or to return to from hospital Almost as many were aged and/or infirm and had been living with friends or relatives who were unable to continue caring for them The third main category of permanent or semi permanent admissions were those who were aged and/or infirm and had been living alone and were considered by their doctors to be in need of more care and attention than they could get in their own homes The analysis also shows the numbers in each category for 1963 The modal age group was 81 85 (The County Welfare Officer said that 81 was the average age in the Homes)

Table B shows for the same years the reasons why applicants were not admitted into Part III accommodation 41% were not admitted because their application was withdrawn, alternative arrangements having been made by or on behalf of the applicant About 23% were found to be too ill for residential accommodation and arrangements were made for admission to hospital and 21% were visited and given advice only In just over 10% of the cases the applicant's needs were met by domiciliary health and social services

Those on the waiting list who are in hospital are allocated places on the *same basis as those in their own homes Occasionally exchanges are effected* between hospitals and Part III if it is convenient at the time

1 2 ALLOCATION TO THE DIFFERENT HOMES

Laburnum House is a large Home with 150 beds It has a special nursing section and facilities for night attention The Matron and her assistant are both qualified nurses Because of its size it has been possible to introduce internal classification and to admit to Laburnum House mentally confused and anti social people who would upset the residents of a smaller Home The Welfare Officer said that the old people seemed to sort themselves out and 'find their own level', and that the Ministry of Health is pleased with the arrangements wh ch provide for segregation without making it obvious Most of the very infirm and anti social cases go to Laburnum House but 95% of the Kidderminster people go to Holmwood, a modern Home with 62 beds

TABLE A

Applications for provision of residential accommodation during the year ended 26th December, 1964

Persons admitted to residential accommodation	Age groups								
	Under 60	60–69	70–75	76–80	81–85	86–90	91–95	Over 95	Total
1. Aged and/or infirm—living alone who in the opinion of their doctor were in need of more care and attention than was or could be made available to them in their homes	1	12	15	19	21	15	3	—	86 (138)
2. Aged and/or infirm—living with friends or relatives unable to continue to care for them	1	7	18	22	24	12	4	1	89 (103)
3. Aged and/or homeless (includes persons in hospital) who were admitted after the possibility of them returning to their previous residence had been explored, and persons of "no fixed abode"	6	19	21	21	16	6	2	—	91 (99)
4. Physically handicapped (non-aged)	5	—	—	—	—	—	—	—	5 (7)
5. Mentally handicapped (non-aged)	7	—	—	—	—	—	—	—	7 (4)
6. Short stay cases temporarily unable to remain with friends or relatives because of illness or holidays	3	5	9	15	24	17	6	—	79 (81)
Totals	23	43	63	77	85	50	15	1	357 (432)

Included in the above table were 15 (25) persons who were admitted direct from mental hospitals.

Readmissions and transfers—in addition to the above, 74 (76) persons were readmitted to residential accommodation from hospital and 43 (66) persons were transferred from one Home to another in order to be nearer friends or relatives or to provide accommodation suited to their needs.

NOTE—Figures in brackets are for the year ended 28th December, 1963 and are shown for comparison.

TABLE B

Applicants for residential accommodation who were not given a place

Persons not admitted to residential accommodation	Age groups								
	Under 60	60–69	70–75	76–80	81–85	86–90	91–95	Over 95	Total
1 Not considered eligible	1	4	1	—	—	1	—	1	8 (10)
2 Found to be too ill for residential accommodation and arrangements made for admission to Regional Hospital Board accommodation	2	10	17	11	16	6	3	—	65 (96)
3 Need met by domiciliary, health and social services	1	2	8	9	4	3	1	2	30 (13)
4 Application withdrawn—alternative arrangements made by or on behalf of applicant, e g, assisted in finding alternative accommodation with friends, relatives or in private homes registered by the County Council	4	19	19	24	25	16	7	—	114 (167)
5 Referred to National Assistance Board, it being ascertained that need could best be met by financial assistance	—	1	—	—	—	—	—	—	1 (3)
6 Visited—advice only given	12	12	11	10	6	6	1	—	58 (78)
Totals	20	48	56	54	51	32	12	3	276 (367)

In addition 10 (20) persons were visited on behalf of other Authorities
NOTE —Figures in brackets are for the year ended 28th December, 1963 and are shown for comparison

If urgent Kidderminster cases are admitted to any of the other Homes they are usually given the option to transfer to Holmwood when there is a vacancy.

It is the aim of the County Council to reduce gradually the number of residents in the joint-user establishments. In the Kidderminster General Hospital there are at present 70 welfare places and it is hoped to reduce these to 50.[1] Many of the residents have been there for a very long time, and are more infirm or frail than would be found in the new purpose-built Homes.

In all the Homes residents are free to remain registered with their own G.P.s.

1.3 SHORT-TERM STAYS

Approximately one-fifth of the total admissions are for short-term stays to relieve relatives in times of illness or to enable them to go on holiday. During 1964 there were 79 such stays. This arrangement has been in operation for 10 years and some old people have been in 6 or 7 times. An application for a short-term stay has never yet been turned down, even though at times staff accommodation has had to be used.

Prospective residents are also encouraged to go into a Home for a short time for a trial period. The Social Welfare Officers always tell the old people not to give up their own home or their tenancy until they are sure they wish to remain in residential accommodation permanently. In these circumstances the N.A.B. will continue to pay the rent or the County will take it into account in assessing the charge for the Home. Nearly all the trial period cases do become permanent residents.

2.0 THOSE IN RESIDENTIAL HOMES

2.1 THE SAMPLE

A sample of 54 residents was selected. 2 men and 2 women had died, and 2 women had been transferred to hospital. One man aged 72 had left the Home for a private residence, having been there only 5 weeks. It was impossible to interview 4 other women in their late 80s, as they were too confused to understand what was going on, and one woman of 78, who had been in a Home for 3 years, and appeared fairly active and alert, refused to be interviewed as 'surveys never did any good'.

The other 42 residents were interviewed.

2.2 AGE AND SEX OF RESIDENTS

Thirteen men and 29 women were interviewed, while 3 men and 9 women were not, so that the sample interviewed is representative as far as the sex distribution of recipients is concerned.

The age at admission is shown for the sample set, and achieved, in table 1.

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(1) In a very detailed review of the Welfare Services 1948-1977 (published December 1966), the County Welfare Officer gives an annual programme of proposed changes 1966-1977 in Residential Home places. This shows the closure of joint-user establishments by the end of 1969, and of Laburnum House, Heathlands and The Howells by 1977. During this period, 14 new smaller Homes are proposed, 1 of which will be in Kidderminster, providing 40 places. The proposed increase in total places for the County is 140 (683 at present to 820 in 1977), but a similar proportion of Kidderminster residents will have to be allocated places in Homes outside the Borough.

TABLE 1
Age at admission of samples set and achieved

Age	Sample set		Sample achieved	
60–64	3	33%	3	38%
65–69	5		5	
70–74	8		8	
75–79	13		11	
80–84	8		8	
85–89	9	24%	5	17%
90 or over	3		2	
All ages	49		42	

The proportion of under 75s in our sample achieved is slightly over-represented, and those 85 and over slightly under represented (due to the exclu sion of the 4 mentally confused persons in this age group)

2.3 AGE AT TIME OF INTERVIEW

The ages of people interviewed ranged from a woman of 60 to 2 women aged 96 8 of the 42 residents interviewed were 85 years or older, nearly 50% being at least 80 years old Some 16% were under 70 years old The numbers are shown in table 2

TABLE 2
Age of sample Interviewed

Age group	Number of residents
60–64	2
65–69	5
70–74	6
75–79	9
80–84	12
85 and over	8
All ages	42

2 4 MARITAL STATUS

Three of the residents were married, 1 was a man of 73 who had been in hospital for 18 months, and who did not get on with his wife, so she would not have him back The other 2 were a married couple, the man aged 67 and his wife aged 64, who had been living in 2 rooms in a condemned house, which had no flush w c Both were quite active, although they said they had not had a cooked meal every day as the retirement pension was not enough

Of the rest, 12 were single and 27 widowed A higher proportion of women were single

3 0 ATTITUDE OF RESIDENTS TOWARDS THE HOME THEY ARE IN

3 1 WILLINGNESS TO BECOME A RESIDENT

Twenty five out of the 42 residents said they wanted to go into a Home (nearly 60%), the proportion being similar for men and women

The main reason given by the women for wanting to go in was that they needed care and attention, although some said it was for the company, and 2 because of housing difficulties. The main reason given by men was that they did not get on with, or did not want to be a burden to, their children.

Of the 17 who did not want to go into a Home, 14 said they had to go because they needed care, and 2 because of housing difficulties. One said she thought she was only there temporarily (she had been in for 2 months).

3.2 WHO SUGGESTED BECOMING A RESIDENT?

While 25 residents said they wanted to go into a Home, only 10 said it was their own idea. The first suggestion usually came from a doctor (15 cases) or the hospital (7 cases). In 5 cases the Welfare Officer first suggested a Home and in 4 cases it was a relative outside the resident's household. In no case was a relative with whom the resident had been living said to be responsible for first suggesting a Home.

3.3 LENGTH OF TIME ON WAITING LIST

Twelve of the 42 residents were admitted to a Home without any wait, a further 6 waited less than 1 month, and 11 were given a place within 6 months. 6 people had to wait over a year (2 of whom were taken into hospital for this period) but none for as long as 2 years. 4 people did not remember how long they had to wait.

3.4 PREKNOWLEDGE OF WHAT TO EXPECT

A third of the residents said they were told when they first entered the Home that it was for a trial period, the rest regarded it as a permanent arrangement. Only 4 of the 42 residents (3 men and 1 woman) actually went to see the Home before becoming a resident, 2 at the suggestion of the Welfare Officer, but 11 others (1 man and 10 women) said they had been told something about the Home, 8 saying it was general reassurance that everything would be all right. 6 of the 11 said the talk had helped them settle down more easily.

3.5 WHETHER RESIDENTS LIKE THE HOME THEY ARE IN

Thirty of the 42 residents liked the Home they were in, and a further 6 said they liked it, with qualifications, a total of 86%. One man said he had no choice, but made no specific complaint.

Three men and 2 women disliked the Home. All the residents of Holmwood liked being there (we interviewed 18 residents there), while 4 of the 11 residents in Kidderminster General disliked the Home. The other resident disliking the Home was a lady who had been quite happy when she first went there (a small Home some distance from Kidderminster), as she had 2 friends there. Since then 1 has died, and she has quarrelled with the other, so now wants a Home nearer Kidderminster where her other friends can visit her. Of those not liking Kidderminster General, 1 was a man of 84 in a state of depression, and another was a man of 69 who said he was only there temporarily until he found somewhere else to live.

3.6 DISTANCE AWAY

Over half the residents were in a Home up to 15 minutes away from where they had lived before. A further 25% had lived between 15 minutes and

half an hour away In about a quarter of the cases the distance from former homes was over half an hour away, 5 being over three quarters of an hour away Only 5 residents said they would prefer to be in a Home nearer to where they had lived, one being 1½ hours away (the lady who had quarrelled with her friend), the others being 21-30 minutes away All wanted to be nearer friends, who would then, they declared, visit

4 0 LIVING CONDITIONS BEFORE ENTERING A HOME

4 1 PREVIOUS ACCOMMODATION

Thirty four residents had occupied a whole house or bungalow before becoming residents 5 had lived in rooms, and 2 in a boarding house 1 had lived in a warden supervised L A dwelling

One man and 3 women had been owner-occupiers, and 7 had lived in L A property One quarter of the residents had not held a tenancy, living either rent free or as boarders

4 2 AMENITIES

One elderly lady had been living in a house which had neither gas nor elec tricity laid on, cooking on a solid fuel stove, and using oil for lighting purposes There was no piped water or flush toilet When she was 81 she was knocked down by a bicycle and taken to hospital whence she was transferred to a Home

Apart from 2 men who lived in lodging houses, all residents except 4 had the use of a kitchen and these 4 all had some cooking facilities

Almost half the residents had no bathroom (as did 26% of the elderly in this town) and half had no indoor w c (compared with about one third of all elderly)

One man and 2 women had no piped water or w c

4 3 WITH WHOM RESIDENTS LIVED AT HOME

Two women among the 42 residents had been in other Homes before entering their present Home These 2, together with 28 of the other residents, had gone into a County Home from ordinary domiciliary residences, although in 2 cases this residence had been a lodging house

The other 12 residents (7 women and 5 men) had been transferred from hospital The ages of the men ranged between 68 and 84, and the women between 68 and 96

Admissions from hospital

Two of the men (aged 68 and 70) had previously lived in lodging houses— to which they could not return when they were ready for discharge The younger of the 2 declared that he was only in a Home until he could find somewhere else to stay

Two other men and 1 woman, had lived with other people before entering hospital One man had lived with his wife, a married child and unmarried sons and daughters in a house they were buying on mortgage He had difficulty getting about, and says his wife would not look after him, or give him meals, and his children ignored him He himself asked if he could go to hospital,

and after 18 months he was transferred to a Home. The other man had lived with his son, who had sold up and moved away while his father was in hospital. Both these men were in their early 70s.

The woman had lived with 2 nephews, who took her in when her daughter died. She had very bad arthritis, and could not manage even to get to the bathroom on her own, and there was no other woman in the house to help.

The other 7 residents had lived alone, 5 of them in sub-standard accommodation. All had had difficulty getting about, 1 being housebound, and all had had a home help. Of the 2 who had a reasonable standard of accommodation, 1 was in a warden-supervised L.A. dwelling. The other lived in privately rented accommodation, and had been in and out of hospital for 2 years prior to being admitted to a Home, having had both home help and meals-on-wheels when at home.

Admissions from own home

Thirty residents had been admitted from their own home, 16 having been living on their own.

(a) **Living on own**

Twelve of the 16 who had been living on their own before admission were women, their ages at admission ranging from one aged 64 who was being evicted from sub-standard accommodation, to another aged 93 who had been living in a L.A. bungalow, and had had a home help, meals-on-wheels, and both the District Nurse and Health Visitor calling regularly.

Two of the men had been 79 years old on admission, one of whom had been living in an almshouse which was condemned, the other in a large 6-roomed house without bath and with an outside w.c. This man had giddy turns and was very breathless. The other two men were aged 83 when admitted: 1 was living in rooms in a house, without electricity or bath and with an outdoor w.c., whose landlord asked for him to go to a Home, and the other was in a state of acute depression on the death of his wife, and 'just didn't want to live'.

(b) **Living with spouse**

One married couple, aged 62 and 65, had been living in 2 rooms in a condemned house. Both were active, but they said they did not get proper meals because they could not afford them.

The other married woman aged 60 had been living with her husband in one room, and had no domiciliary services. The husband was ill, and a Home was suggested for her, the husband going to hospital where he died shortly after admission.

(c) **Living with unmarried son**

One man aged 75 had lived in a L.A. house with his son, who was drinking heavily, and he did not want to continue to live with him. He could not afford to go into lodgings, so applied for a place.

(d) **Living with married children**

Four women and 1 man had been living with married children. In 2 cases

there were grandchildren and the house was overcrowded In 3 other cases, the elderly women (aged 78, 83 and 89) needed a good deal of attention, in the case of the two younger women the daughters' doctors advised a Home, as the extra work was too much for the daughters, the older woman asked to go (the daughter tried to dissuade her) as she was housebound practically blind, and very lonely when first her husband and then her son died

(e) Living with elderly relatives

One man and 4 women had been living with elderly relatives The man was *71 and quite active, but thought he would enjoy being in a Home* 2 women had been living in sub standard housing 1 aged 75 being quite active, the other aged 89 only able to get about with difficulty using a stick. In both cases the doctor had suggested a Home One was an unmarried woman of 76 who had been living with her brother in substandard housing, and was quite active looking after them both until he was taken to hospital Then she had trouble with a neighbour and dreaded being on her own so asked for a place The last case was a woman of 66 living with her sisters who had died, after which she could not manage any longer by herself

5 0 ABILITY TO LOOK AFTER THEMSELVES

Only 1 of the 13 men had any difficulty getting about, but 9 of the 29 women said they could only get about with some difficulty

None was bedfast, 1 man and 6 women were permanently housebound

The number of residents who, prior to admission, had some difficulty with locomotion or self care is shown below —

	Men	Women
[illegible]	1	10
[illegible]	4	18
[illegible]	1	6
[illegible]	—	7
[illegible]	—	3
[illegible]	—	2
[illegible]	1	11
No difficulty with any of above items	9	11

As regards housekeeping, half the men and nearly half the women had done their own cooking without difficulty, 2 men and 5 women *having to cook for themselves, and doing so with difficulty,* although in 3 cases the difficulty was financial Most of the men who did not cook for themselves depended on someone in the household for meals, although 1 said his main supply was from the home help and meals on wheels 2 women gave this answer as their main source of meals, 2 others employing private domestics, and 2 relying on friends and neighbours

Two of the 9 men who had to do most of the shopping did so with difficulty, as did 4 of the 15 women who were the main shoppers The men who did not do their own shopping usually had it done for them by another member of the household but 9 women had to rely on neighbours or friends all saying they were satisfied with such an arrangement

Housework presented the most difficulty, less than one third of the men and women doing most of it themselves the men without difficulty, but 4 of the 14 women having some difficulty

5.1 HEALTH AND WELFARE PROVISIONS

Four of the men and 13 of the women had had a home help prior to their becoming residents (40% of all residents) compared with 4% of all old people in the area.

Five men and 8 women (31%) had been having meals-on-wheels, 1 man and 10 women (26%) were being treated by the District Nurse, 2 men and 5 women (17%) were being visited by the Health Visitor. The proportions of all elderly in this town having these services were between 1·2% and 1·4%.

One man and 8 women (24%) had been using a welfare chiropodist, compared with 3% of all elderly.

In some places we had noticed that these services were being used almost exclusively by people in the older age ranges. In this town, although as we expected, a higher proportion of over 80s were using the services, nonetheless a fair number of younger old people were using them, particularly the District Nurse, Health Visitor and foot clinic.

Three of the men and 16 women (44%) had been seeing the doctor regularly. in most cases the doctor visiting the patient at home. All saw their doctor at least once a month.

6.0 NEED FOR RESIDENTIAL PLACES

There are two points to consider. The first is, are the present residents best served by living in a Home, or should they be living in a domestic household; the second is, are there any elderly people who are living in such circumstances that they would be better off in residential accommodation?

Let us first consider those now in Residential Homes. Since the need for places is measured against the Authority's criteria, there would seem to be no reason to question whether all these people should have been there in the first place. From looking at the schedules, however, it is quite clear that a number of quite active people have been given places in Residential Homes simply because they had no other place to go.

However, whatever the need was when the present residents went into a Home, the important aspect for this survey is whether remaining in a Home is in their best interests.

Only 1 man is housebound, and was so when he went into the Home. The other 10 were usually able to get out and about with little difficulty, and can still do so.

There have, however, been some changes among women, 7 being housebound when they entered a Home, a further 10 becoming housebound since then, 8 of these 10 being over 80.

Apart from being able to get out of doors, more of the residents have difficulty with stairs and washing and dressing themselves. Whereas 9 men and 11 women had no difficulty with various items (see 5.0) when they entered, we now find only 5 men and 6 women who have no difficulty at time of interview.

We have seen (4.1 and 4.5) that some residents entered a Home because of housing difficulties, wanting company or not wanting to become a burden on children, i.e., lack of ability to get around and look after themselves was not the main reason for becoming residents. Provided, however, they have settled down in the Home, and want to stay, it is questionable as to whether it would

be in their best interests to suggest they now be helped to set up home on their own

Perhaps the best measure of whether residents are in the best place for themselves is given by considering only those who do not want to remain in a Home, to see whether they are capable of setting up homes for themselves

6 1 WHETHER RESIDENTS WANT TO STAY IN A HOME

Three of the men and 6 of the women say they would like to leave residential care (5 of them being in Kidderminster General Hospital)

(a) One woman of 81 wants to return home to live with her daughter, who was responsible for her mother coming to the Home as she can hardly walk or do anything for herself She is in Kidderminster General has been there 3 years and does not like it

(b) Another woman of 90 who is housebound and entered a Home unwillingly because her doctor did not like her being alone at nights misses her friends, dog and garden, she has been in the Home for 2 years and has not settled She says she would need help to refurnish meals on wheels and a home help, but would manage on her pension

(c) Woman of 69, who was in hospital for 2 years with a bad leg (treble fracture) and was transferred against her will to Kidderminster General where she has been for a year She realises she cannot look after herself, and might be lonely There are indications that she was quite happy in hospital, where she formed an attachment for one of the nurses and at first she seemed content to stay, but later changed her mind

(d) Woman, now aged 67, who has been in a Home for almost 3 years She had been living in rooms in a house which had no electricity, bath or piped water, and an outside w c shared with other households She was quite active, and had no welfare services She asked to go into a Home because she was evicted, and was admitted immediately She is still active, and although she is quite content in the Home would prefer to be independent. She could manage to look after herself without help except financial

(e) (f) Married couple aged 67 and 64, who had been living in 2 rooms in a condemned house with no bath or w c., sharing a bucket type toilet with other households They were both active but appeared to be bad managers as they said they did not have a cooked meal every day as the money would not go round They want to be together in a home of their own, and would only need financial help

(g) Man aged 73 and active had been living with an elderly relative when he applied for a place as he thought he would enjoy it He has been in Kidderminster General for 2 years and does not like it He wants to go into lodgings and get a job

(h) Man of 69 who has an Army pension in addition to the retirement pension and says he is only in the Home until he finds lodgings He had previously been in lodgings which was cheaper than being in the Home Apart from having difficulty with stairs, he is active

(i) Woman aged 70 has been in a Home for only a few months She lived in a L.A [illegible]
Her doctc [illegible]
she had d [illegible]

but she now manages the bed without difficulty. She entered the Home as she had had a bad fall at night, and her daughter could not go on holiday unless she was cared for; she does not regard herself as a resident, but as a short-stay patient. She says her daughter has her furniture stored, but would need the welfare services she had before entering the Home. She is now housebound, and says her nerves are very bad.

It would seem unlikely that (a)'s daughter would have her home again, or that (b) could manage on her own. (c) is probably better off in a Home, but it might be she would be happier in another Home.

(d), (e), (f) were admitted because of housing difficulties, and could manage satisfactorily if rehoused, although in the case of the couple it may be necessary for the Health Visitor or Social Welfare Officer to visit and advise.

(g) and (h) should be helped to find suitable lodgings, as their difficulty with housekeeping would appear to be that they are not used to doing it, rather than a physical one.

(i) probably needs more help than she will admit to, and again it is unlikely that her daughter would help to take her away from the Home.

It would therefore appear that 5 of the Kidderminster residents in Homes could be better served by other means.

6.2 NEED AMONG PEOPLE LIVING IN KIDDERMINSTER

Waiting list

There were 18 names on the waiting list of old people living in Kidderminster.

At the interviewing stage it was found that one of these persons had died, 2 were already in County Homes and 2 had moved away from the town. One of the latter was living in digs in Maidenhead, as the mother of his daughter-in-law, who had been looking after him, had become ill, and she could not continue to care for them both. The daughter-in-law would like him to be in a Home nearby, so she could visit him.

Four of the persons were in hospital and were not interviewed, and one 86-year-old lady refused to be interviewed, although she told us that her doctor said that she was not mentally stable enough to live on her own, and she realised she would be better off in a Home. She had been on the waiting list for 3 months.

The other 8 people were interviewed, 3 men and 5 women. They can be classified as follows:—

(i) 1 woman who needs a place, but would not take it.

(ii) 1 man and 2 women who applied, but due to change of circumstances, or other reasons, would refuse it.

(iii) 2 men and 2 women who still want to go, and will accept a place if offered.

This does not mean that all those who would accept a place are in need, or that those who say they no longer need it are able to look after themselves, or could not be persuaded to go. We will consider the cases under the above classifications.

(i) Needs a place, but would refuse

A woman aged 71, suffering from pernicious anaemia and bronchitis, who lives alone in her own 4-roomed house, which has all amenities. She has difficulty with stairs and housework, but has no health or welfare services.

She said she would like a home help 'if it didn't cost too much', and wants to move to a smaller place nearer her sisters in town She said she was prepared to consider a Council bungalow, but if she had to pay a big rent would refuse it She will not go into a Home, as she says she had been told she would be charged £8 8s a week, which she says is outrageous [She apparently has only her retirement pension, but presumably would have money from the sale of her house]

It is doubtful whether this woman would accept a place, or even rehousing if any payment is involved

(ii) Applied, but no longer wants a place

(a) An active man of 80, on the waiting list for 3 months, has now changed his address, and is living as sole boarder in a house with all amenities

(b) Woman of 78, on the waiting list for 3 years, is housebound can only get about the house with a stick and cannot manage stairs She applied when she lived alone, but now lives with a niece (aged 24), her husband and child, and also a gentleman friend aged 62 The niece is quite happy to look after them all and says she doesn't need any help except a chiropodist for her aunt

(c) Woman, aged 89, broke her thigh and the hospital thought she would not be able to look after herself when discharged home A home help was allocated, and now she finds she *can* manage on her own but with some difficulty She lives in a 2 roomed house, with no bath, no piped water (she pays a woman a few pence to fill her kettle and bucket from the standpipe, and to empty the bucket) and shares an outside w c with other households The property is due for demolition and she is looking forward to being rehoused

(a) and (b) *do not now need residential places and if* (c) *could be rehoused* immediately, preferably in a warden supervised dwelling she could possibly manage

(iii) Still want to go

(a) and (b) Cousins (man aged 72 woman aged 76) both active at present living in 11 roomed house with a cousin by marriage (aged 60) and her 2 children The cousin by marriage is finding it too much to look after the house and her relatives, and is looking for a smaller place when the 2 elderly cousins will be homeless They both want to stay where they are, and would refuse Council accommodation if it were offered The woman says they would prefer to go to a private Home, but cannot afford to

(c) Man aged 67 who lives in 1 room over the back of a lock up shop having no bath an outside w c and obtaining water from an outside washhouse He has no cooking facilities and has all his meals from tins He is very depressed, has war injuries which affect his digestion and bowel movements, and recently had an operation He has no services apart from calls from the Welfare about a Home He says he is not living, merely existing 'Life is Hell—I used to have a sense of humour, but now I've lost it' He desperately wants to go into a Home to 'live a proper life—regular meals contact with human beings, talk to people, where I could be looked after and feel happy again' He has been on the waiting list

for 3 months. [This man thought there had been some mix-up, as he says he had been told by the Welfare Authorities that he was not ill enough to go into a Home. When the interviewer told him he *was* on the waiting list he was delighted.]

(d) Woman of 80, housebound, living alone in her own house, using only the downstairs room as she is arthritic. She has a home help and the District Nurse. She realises that she cannot look after herself, and also wants company, but really wants to move to Lancashire which she left 30 years ago.

All 4 would benefit from residential care.

Thus of the 13 Kidderminster residents on the waiting list (excluding those now in County Homes, or dead, or moved away, but including those in hospital)

Three no longer need places.

One needs a place, but would probably refuse.

Nine need places and might accept (including 4 where hospital was given as permanent address, and the lady who refused).

We know, however, that of those already resident, some have never been on a waiting list, and circumstances can change so rapidly that an immediate need might arise. There are, therefore, likely to be others not on the waiting list who need accommodation.

In this area there appears to be no one group of people who are clearly more likely to need residential places, by L.A. criteria, except that residents are less likely to be married than either single or widowed. It must also be remembered that going into a Residential Home is usually a voluntary action, in that while it is possible for an Authority to get an order of removal, these powers are rarely invoked.

Filling residential places therefore depends on

(i) people asking for places themselves, found to be needing them, and then agreeing to go

(ii) the Authorities finding people in need, and persuading them to go.

It is much easier to persuade people already in hospital 'permanently' or who have no home to return to, to go into a Home than it would be if they were living in their own home. Indeed, as some of the residents told us, they did not want to go, but had no alternative.

If, therefore, we accept that the 9 people on the waiting list whom we found to need places could be persuaded to take them, and add a proportion of places for those *not* on the waiting list who might need places immediately, this figure would give a measure of the current need.

We know that 18 of the 42 residents we interviewed were admitted immediately, or within days of an application being made, i.e., without being on a waiting list. Of these 7 had been hospital patients, who were probably on the list, but not aware of it.

It follows that 11 of the 42 elderly residents were unknown to the Welfare Department until immediately before they needed a place; if we take this proportion as indicating the need which might arise suddenly, we can calculate that there are 3 old people unknown to the Authorities who are in need of residential places for care and attention. This means that a total of 12 extra places would be needed to house all those in need who are likely to approach the Welfare Department or to be brought to their notice by other Health

or Welfare Authorities There are, however, 5 people in Residential Homes who could be discharged if appropriate accommodation were available, reducing the need for new places to 7

This figure is an underestimate at the present time as it makes no allowance for those who will be given places in a Residential Home because they cannot continue to live in their present housing but the object of this exercise was to calculate the number of elderly people whose needs could best be met by residential accommodation

CITY OF DUNDEE

CONTENTS

1 HOME HELP SERVICE

1 0
The Home Help Service is run by the M O H for Dundee through the Health and Welfare Department The following information on the Service was obtained on March 22nd 1966

At the time of the survey there were 46 full time home helps and 184 part-time home helps Between them the home helps worked some 6 400 hours a week about 80% of this time being spent helping old people Applications for the service are accepted from anybody, but in each case the Home Help Organiser or one of her assistants makes an assessment of need

The maximum charge for the service is 4s 4d per hour plus the cost of the insurance stamp, there is a minimum charge, for those who cannot afford the full rate, of 3s for a whole day or part thereof A financial investigation is only undertaken when the applicants say they cannot afford the full rate

1 1 HOME HELPS FOR PERSONS LIVING WITH OTHERS

Living with younger people does not necessarily mean a home help is refused If the old person is living with a son or daughter who is working a home help is allocated to deal with the elderly person's rooms and the kitchen if necessary

If the daughter is not working a home help is not allocated

1 2 DUTIES OF THE HOME HELP

The home help is expected to do all the normal household tasks and she may also cook light meals, do the laundry, do the shopping and collect pensions

The home helps are not allowed to do gardening, repairing clothes, making curtains or washing down walls and paintwork

1 3 REVIEW OF NEED

Each case is reviewed once every 2 months by the supervisor and her staff In the interim, the reports of the home helps are used, and if it is felt to be necessary the supervisor will visit the case to reassess it

The service to the elderly is sometimes discontinued, because of other demands on the service, e g , maternity cases, hospital discharge patients However the M O H said that this was only done where it was known that other arrangements could be made temporarily to obtain aid until it was possible to provide another home help

1 4 CONTINUITY OF HOME HELP SERVICE

It is the policy of the Authorities to allocate the same home help continuously to the elderly They say the elderly person gets to know the home help and it gives them more confidence Only if a person is difficult is the home help changed regularly

1 5 RECRUITMENT OF HOME HELPS

There was no difficulty in recruiting home helps at the time of the survey, although it was thought if more demands were made on the service, there might be difficulty recruiting the extra staff The home helps get sick leave and paid holidays.

1.6 TRAINING AND IDENTIFICATION

There is no training scheme for home helps in Dundee. The home helps are issued with a dark green overall with the initials D.H.S. embroidered on it.

1.7 STAFF

The Home Help Supervisor has an assistant supervisor and clerkess, plus 2 staff officers who act as visitors and assess the need of the cases.

2.0 INTERVIEWS WITH PEOPLE RECEIVING HOME HELPS

In order to see what the home help does to help the elderly people, and who was being helped, a sample of elderly people currently having a home help was selected, and an attempt made to interview them.

2.1 THE SAMPLE

Seven hundred and sixty persons of pensionable age were receiving the services of a home help (2·9% of the elderly population). A sample of 108 addresses was drawn from the files. 7 addresses were ineligible because the householders no longer had home help. At 4 addresses the householders had died, all within the previous 6 weeks, and at a further 4 addresses no contact could be made as 1 house had been demolished and at the other 3, the householders were away until after the survey finished. At 4 addresses the householders were ill in hospital at the time of the survey and at a further 2 addresses the householders refused to be interviewed. 2 proxy interviews were taken for 2 further people who were too ill to be questioned themselves and later incorporated into the sample for factual questions only.

Thus for the factual questions there are 87 households and 98 people and for the non-factual questions there are 85 households and 96 people.

2.2 NUMBER OF DAYS AND HOURS PER WEEK SERVICE GIVEN

One of the 97 people in our sample said the home help called every day but as the home help service is not provided on Sundays, she must have been calling in a friendly and unofficial way. 9 had the home help for 6 days a week. The number of days a week elderly people had the service of a home help is shown in table 1.

TABLE 1
No. of days a week home help calls

No. of days	Households		Persons	
	No.	%	No.	%
1	—	—	—	—
2	27	32	32	33
3	48	56	52	54
4	—	—	—	—
5	2	2	3	3
6	8	9	9	9
7	1	1	1	1
All visits	86(1)	100	97(1)	100

(1) Excludes 1 not answering.

The number of hours per visit ranges from 1½ hours to 3 hours a day The most usual length of time is 2 hours (43%) or 3 hours (35%) as can be seen from table 2

TABLE 2

Length of time home help stays per visit

Length of time per visit	Households		Persons	
	No	%	No	%
1½ hours	2	2	2	2
2 hours	37	43	43	44
2½ hours	17	20	19	20
3 hours	30	35	33	34
All visits	86(1)	100	97(1)	100

(1) Excludes 1 person not answering

The number of hours a week spent by home helps at households with elderly people is shown in table 3

TABLE 3

No of hours per week home helps assist elderly person households

No of hours per week	Households		Persons	
	No	%	No	%
4 hours	23*	27	27*	28
5-6 hours	14	16	15	15
7-8 hours	22	26	23	24
9 10 hours	18	21	22	23
11 12 hours	4	5	5	5
13 14 hours	3	3	3	3
15 hours or more	2	2	2	2
All visits	86(1)	100	97(1)	100

* Includes 1 household where home help gives 3 hours per week service
(1) Excludes 1 person not answering

A quarter of the sample have a home help for 4 hours a week 5 house holds have the home help for more than 13 hours a week 3 for 14 hours 1 for 16 hours and 1 for 18 hours a week All those who have the home help for 14 or more hours per week have her at least 6 days a week and generally have difficulty managing on their own any of the normal household tasks

2 3 DUTIES OF THE HOME HELP

In 83 of the 86 households replying the home help did the dusting polishing and cleaned the floors on the days she attended as will be seen from table 4

TABLE 4
Tasks performed by home help

Tasks performed	Households		Persons	
	No.	%	No.	%
Dusting/polishing/sweeping, etc.	83	96	93	96
Cleaning floors	83	96	94	97
Shopping	56	65	62	64
Collecting pension	26	30	27	28
Going to laundry/launderette	6	7	6	6
Doing some laundry in house	45	52	52	54
Laying fires/filling scuttles, etc.	40	68*	44	65*
Getting light meals	26	30	28	29
Making beds	45	52	47	48
Making tea or coffee	37	43	38	39
Washing up	50	58	55	57
Help wash/bathe	4	5	4	4
Clean windows	60	69	70	72
No. of households/persons	86(1)	100	97(1)	100

* Percentages based on the 59 households (68 persons) who have solid-fuel fires.
(1) Excludes 1 person not answering throughout.

Apart from the general household cleaning, the home help also assists 65% of the households with shopping, 52% with laundry, 52% with making beds and 68% of those who have solid-fuel fires, in making the fire or filling coal scuttles. The home helps collect pensions and get light meals in 30% of households, make tea or coffee in 43% and do washing-up in 58%.

Sixty-two people said they did not need any more help, 12 did not answer the question and of those who wanted more help, 18 wanted her to spend more time on the jobs she was already doing and 13 wanted her to do jobs she did not already do—spring cleaning being mentioned most often.

2.4 TIME OF ARRIVAL

In 40 households the home help helps with the fires, but in only 17 households does she arrive before 9 a.m. as can be seen from table 5.

TABLE 5
Time at which home help starts work

Time of arrival	Households		Persons	
	No.	%	No.	%
Before 8 a.m.*	4	5	4	4
8 a.m.–8.55 a.m.	13	15	15	16
9 a.m.–9.55 a.m.	10	12	13	13
10 a.m.–10.55 a.m.	33	38	35	36
11 a.m.–11.55 a.m.	—	—	—	—
12 noon–12.55 p.m.	1	1	1	1
1 p.m.–1.55 p.m.	21	24	25	26
2 p.m.–2.55 p.m.	1	1	1	1
Any time in morning	3	4	3	3
All times	86(1)	100	97(1)	100

* The official starting time for home helps is 8 a.m., so here again it appears that some home helps are giving unofficial unpaid service.
(1) Excludes 1 person/household who did not answer.

In only 2 of the households where the home help gave some assistance with the fires did she arrive before 8 a m , in 10 between 8 and 8 55 a.m , in 6 between 9 and 9 55 a m and in 19 between 10 and 10 55 a m In 3 households she did not come till the afternoon, but none of these experienced any difficulty in lighting the fires themselves when she was not there 7 of the other house holds said, however, that they did have considerable difficulty on the days she did not come, she attended 6 of these 3 days a week, the seventh she visited every day except Sunday

Two of the people who did not get help with their fires said they had diffi culty doing them In 1 case the home help's time of arrival was between 9 and 9 55 a m , and the other between 1 and 1 55 p m

2 5 HOW OLDER PEOPLE MANAGE TO DO THINGS ON THE HOME HELP'S DAYS OFF

TABLE 6

How people manage to do things on the home help's days off

How old people manage	Dusting polish ing sweep-ing	Clean ing floors etc	Shop-p ng	Making beds	Wash ing clothes	Meals	Making tea or coffee	Fires	Wash ing up
Doesn t need to be done	11	38	17	—	14	4	2	10	1
Leaves it/leaves part/ just doesn t get done	50	49	1	23	11	—	—	4	2
Do it themselves—no difficulty	18	6	21	18	2	13	26	12	42
Do it themselves—with difficulty	7	—	5	2	1	6	5	12	6
Done by someone else	7	1	18	4	20	5	5	6	4
No of people (excluding no answers)	93	94	62	47	48	28	38	44	55

In general the cleaning of floors is left undone or only part is done, whilst over half did part of their dusting, etc. About half only straighten their beds and leave the turning of the mattresses, or full stripping and remaking, to the home help

2.6 JOBS NOT DONE BY HOME HELP

TABLE 7

How elderly people manage household tasks not done by the home help

How old people manage household jobs not done by home help	Shop ping	Fires	Meals	Making tea or coffee	Wash ing clothes	Wash ing bath ing	Mak ng beds	Wash ing up
Doesn t need to be done	—	—	—	—	1	—	—	—
Leaves it/leaves part/just doesn t get done	—	—	2	—	11	—	6	—
Do it themselves—no d fficulty	13	13	48	46	11	76	32	37
Do it themselves—w th difficulty	7	4	8	2	—	13	5	1
Done by someone else	13	5	10	7	21	1	5	2
No of people (excluding no answers)	33	22	68	55	44	90	48	40

3.0 THOSE HAVING HOME HELPS

3.1 SEX AND AGE

Of the 98 people of retirement age in the final sample, 80 (82%) were women and 18 (18%) men. Our general sample shows that 28% of those of retirement age were male (27·3% Census 1966) showing that proportionally fewer men have home help. However if the figures for Residential Homes are looked at, men occupy about 36% of the available places and it therefore seems that men are more likely to enter residential care than to be given help in their own homes.

Table 8 shows the age distribution of those receiving home help.

TABLE 8

Age distribution of men and women receiving home help

Age group	Men Nos.	Women Nos.	Both sexes Nos.	Both sexes %
60-64	—	2	2	2
65-69	3	7	10	10
70-74	3	23	26	27
75-79	6	22	28	29
80-84	3	13	16	16
85 and over	3	13	16	16
All ages	18	80	98	100

3.2 HOUSEHOLD COMPOSITION

73% of the people receiving home help lived alone as can be seen from table 9.

TABLE 9

Household composition of households having home helps compared with the general sample

Household Composition	Home help sample Households %	Home help sample Persons %	General sample Households %	General sample Persons %
Old person living alone	82	73	38	30
Old person living with unmarried child	2	3	12	10
Old person living with married child(ren)	—	—	7	6
Old person living with others 64 and under	1	1	6	6
Old person living with others 65 and over	5	6	4	6
Married couple living alone	10	17	22	28
Married couple living with unmarried child(ren)	—	—	9	11
Married couple living with married child(ren)	—	—	*	1
Married couple living with others 64 and under	—	—	1	1
Married couple living with others 65 and over	—	—	1	1
No. on which % based	87	98	765	968

*Less than 0·5%.

Married couples living either on their own or with others are less likely to need, or be given, the services of a home help than the single or widowed elderly. It is the single or widowed person living on their own, or with other elderly people, who appear to be most in need.

3 3 MOBILITY

Two people in the home help sample were bedfast permanently and 34 housebound permanently 62 could usually go out, of whom 4 were temporarily housebound at the time of interview

The most usual reasons for being housebound were rheumatism or arthritis mentioned by 16 respondents, heart trouble mentioned by 8 respondents and other specific illnesses mentioned by 7 respondents

3 4 DOCTORS' ATTENDANCE

Fifty three of the 98 people saw their doctor regularly, 5 visiting the doctor's surgery and 48 being visited by the doctor The remaining 45 people only saw the doctor when they needed him specially [Frequency of doctor's visits is shown in tables 19 and 20]

3 5 OTHER WELFARE SERVICES

(a) **Meals-on-wheels**

Five of the 98 people with home helps also have meals on-wheels delivered, all getting 2 meals a week

One person had meals on wheels before the home help, 1 person about the same time and 3 people after the home help started coming

At this point it might be of some interest to note the opinions of G P s on the need for meals on wheels for old people Asked whether they had any elderly patients not getting meals on wheels who would benefit from them, 12 of the 19 G P s said they knew of such patients Estimates of numbers ranged from 3 to 100 and 4 G P s felt they could not give an estimate, the total estimate was 139 patients

The G P s thought their patients were not getting the service because it was inadequate (7), patients prefer to manage on their own because they do not like the meals (4) and they do not know how to apply for the service (2)

Nine G P s thought they had patients who needed meals on wheels more days a week Six thought meals should be available 7 days a week, and the other 3 thought meals should be available at least 4 days a week

All the G P s thought the meals on wheels service a good idea but some were critical, their main criticism being that the scope of the service was too narrow, and that it should be expanded

(b) **District Nurse**

The District Nurse was calling on 12 of the sample compared with 2% of the general sample, the help given is listed below —

	Home help	General
Blanket baths, washing and cutting toenails	5	6
Injections	6	10
Dresses wounds, sores etc	1	6
No treatment, just checks	1	2
No of replies	13	24

The District Nurse had been attending the 12 people in the home help sample for varying lengths of time as shown in table 10

TABLE 10

Length of time District Nurse has been attending patients

How long District Nurse has been attending	Home help sample	General sample
Less than 3 months	1	6
3 months but less than 6 months	2	2
6 months but less than 12 months	1	2
1 year but less than 2 years	4	2
2 years but less than 3 years	2	5
3 years but less than 5 years	—	1
5 years but less than 10 years	1	—
10 years and over	1	3
Vague/don't know	—	1
Those who District Nurse calls on	12	22

The District Nurse had generally been calling on those in the home help sample for a longer period than those in the general sample. It would be interesting to see if those in the home help sample had the District Nurse before or after getting the home help.

Four of those receiving the home help service had the District Nurse calling before getting a home help, 2 had the home help and the District Nurse starting about the same time, and 6 people had the District Nurse call after they had had the home help for some time.

Those having the District Nurse were asked how long she stayed; the answers are detailed below in table 11.

TABLE 11

Length of time District Nurse stays on each visit

How long the District Nurse stays	Home help sample	General sample
0–10 minutes	6	13
11–20 minutes	—	3
21–30 minutes	5	3
31–60 minutes	1	1
Over 1 hour	—	2
No. answering	12	22

The District Nurse spends more time, on the average, with patients who also have home helps—but this is probably because she washes or bathes more of these patients.

(c) Bathing service

There was no bathing service operated by enrolled nurses in Dundee and most of the G.P.s thought such a service would be a good idea, although all except 1 thought the home nursing service was adequate. No doctor had any difficulty in getting a nurse for elderly patients with either acute or chronic illnesses, although 4 G.P.s out of our sample of 27 thought there should be more nurses, and 6 thought that District Nurses should be given more help with transport and mileage allowances.

(d) Chiropody

Forty five of the 98 informants with home helps used the welfare chiropody service and a further 8 had their feet done privately

In contrast 14% of the general sample used the welfare chiropody service, while 15% went privately, showing that almost twice as many of the home help sample went to the chiropodist as did those in the general sample However, half of those in the general sample had private treatment compared to only about 1 in 7 of the home help sample

The frequency of treatment is detailed below in table 12

TABLE 12

Frequency of treatment of elderly people receiving welfare and private chiropody

Length of time between treatments	Home help sample			General sample			
	Welfare		Private	Welfare		Private	
	No	%	No	No	%	No	%
Up to and including 1 month	6	13	—	10	8	33	23
Over 1 month and up to 2 months	19	42	3	49	37	39	28
Over 2 months and up to 3 months	17	38	—	60	46	25	18
Over 3 months and up to 6 months	1	2	2	5	4	21	15
Over 6 months and up to 12 months	—	—	1	1	1	11	8
No set time	2	5	1	6	4	12	8
No on which % based	45	100	7(1)	131	100	141	100
No having chiropody	52			272			

(1) Excludes 1 person not answering

It can be seen from table 12 that on average in the home help sample people having welfare chiropody treatment do so more often than those having private treatment—the opposite is true in the general sample

Whether the amount of treatment is satisfactory is examined in table 13 below

TABLE 13

Comparison of whether those receiving private treatment are having more trouble between treatments than those using the welfare chiropody service

Do you have trouble with your feet so you would like to go more often?	Home help sample			General sample			
	Welfare		Private	Welfare		Private	
	No	%	No	No	%	No	%
Trouble would like to go more often	9	21	2	26	20	30	22
Trouble would *not* like to go more often	3	7	—	9	7	3	2
No trouble would like to go more often	—	—	—	3	2	2	1
No trouble would *not* like to go more often	31	72	5	91	71	105	75
No on which % based	43(1)	100	7(2)	129(1)	100	140(2)	100
No having chiropody	50			269			

(1) Excludes 2 not answering
(2) Excludes 1 not answering

There is little difference between those having private and welfare chiropody having trouble between visits 27% of welfare patients compared with 24% of those having private treatment

It might be useful to see how often those who have trouble between visits and those who have no trouble see the chiropodist

TABLE 14

Whether those experiencing trouble between visits have less frequent treatment

Length of time between visits	Trouble between visits				No trouble between visits			
	Home help		General		Home help		General	
	Welfare	Private	Welfare	Private	Welfare	Private	Welfare	Private
Up to 1 month	2	—	2	2	4	—	8	31
Over 1 month up to 2 months	2	1	12	8	15	2	37	31
Over 2 months up to 3 months	6	—	18	8	11	—	42	17
Over 3 months up to 6 months	1	1	2	5	—	1	3	16
Over 6 months up to 1 year	—	—	—	4	—	1	1	7
No set time	1	—	1	6	1	1	3	5
No. having chiropody	12	2	35	33	31	5	94	107

As would be expected, the people not having trouble between visits had more frequent treatment, this applying for both the general and home help sample. In the general sample, 53% of those having no trouble go at least once every 2 months compared with 35% of those who have trouble.

(e) Health Visitor

Thirteen of the 98 people in the home help sample had the Health Visitor calling (13%) and a further 2 said she used to call. This compares with 1·6% of the general sample who are called on by the Health Visitor.

(f) Visiting service

Only 6 people in the sample had 'friendly' visits from a welfare officer.

3.6 FINANCIAL POSITION OF THOSE HAVING HOME HELPS

Sources of income

The sources of income of people of retirement age having home helps were compared with those of the general sample.

TABLE 15

Sources of income of those having the services of a home help compared with the sources of all people of retirement age

Sources of income	Home help		General sample	
	No.	%	No.	%
Wages/salary	2	2	260	27
Retirement/O.A.P.	96	98	827	87
National Assistance	74	76	219	23
Other Government grants and pensions	7	7	119	13
Private/firms pensions	12	12	165	18
Rents	1	1	15	2
Interest on shares, etc.	2	2	78	8
Income from charities	2	2	5	1
Other sources	—	—	8	1
No. of people on which % based	98		945(1)	

(1) Excludes 23 people who did not answer.
Percentages do not add to 100 as some people have more than 1 source of income.

It can be seen that a high proportion (76%) of those receiving the home help service are also receiving National Assistance. Generally those receiving National Assistance have incomes in the lower bracket, which would suggest

that the actual income of those having a home help is lower than that of those not receiving the service This is examined in table 16

TABLE 16

Income of those having the services of a home help compared with incomes of the general sample of old people

Income per week	Single income				Joint income			
	Home help sample		General sample		Home help sample		General sample	
	No	%	No	%	No	%	No	%
Less than £4	—	—	14	3	—	—	—	—
£4–£4 19s	12	16	254	47	—	—	—	—
£5–£5 19s	46	60	95	17	—	—	—	—
£6–£7 19s	18	23	73	14	7	41	61	16
£8–£9 19s	1	1	57	11	6	35	97	26
£10–£14 19s	—	—	30	6	4	24	135	35
£15–£19 19s	—	—	8	1	—	—	58	15
£20 and over	—	—	7	1	—	—	31	8
Nos on which % is based (excluding no answer and refusals)	77(1)	100	538	100	17	100	382	100

(1) Excludes 4 persons refusing to give whole income

If having a home help was dependent on having a low income it would have been expected that more of the home help sample would have fallen into the lowest income brackets, however, 50% of those with single incomes in the general sample had less than £5 per week compared to 16% of the home help sample, probably because the National Assistance grant to those with home helps moves them up 1 group But among higher incomes the expected pattern emerges, only 1% of the home help sample have single incomes of more than £8 per week compared with 19% of the general sample and the proportion of joint incomes of under £8 is much greater in the home help sample (41% compared to 16%)

3 7 MOBILITY OF OLD PEOPLE HAVING HOME HELPS

Two of the people receiving home helps were bedfast permanently 34 were housebound permanently, 4 were housebound temporarily and the remaining 58 usually went out

Comparing the home help sample with the general sample it is found, as would be expected, that a much higher proportion of those getting home helps are housebound

TABLE 17

Mobility of those having home helps compared with the general sample

Mobility	Home help	General sample	
	No	No	%
Bedfast permanently	2	4	0 4
Bedfast—usually housebound	—	2	0 2
Bedfast—usually goes out	—	3	0 3
Housebound permanently	34	67	6 9
Housebound—usually goes out	4	19	2 0
Usually goes out	58	873	90 2
Nos on which % based	98	968	

Nearly 35% of those having home helps are permanently housebound compared with 7% of the general sample 90% of the general sample can usually get out compared with only 59% of the home help sample

Further evidence of the above may be obtained by examining the capacity for self help of the two samples.

TABLE 18

Comparison of the proportion in the home help sample having difficulty in performing given functions, compared with the general sample

Difficulty with:	Home help sample	General sample
	%	%
Going out of doors on own	67	18
Getting up and down stairs on own	78	36
Getting about house on own	28	6
Getting in and out of bed on own	24	6
Washing themselves	16	3
Bathing	45	13
Dressing	18	5
Nos. on which % based	98	968

It can be seen from table 18 that those in the home help sample have at least twice as much difficulty in helping themselves as do those in the general sample.

TABLE 19

Doctor's attendance on those receiving home helps as compared with the general sample

Doctor's visits	Home help sample	General sample
	%	%
Subject visits doctor regularly	5	13
Doctor visits subject regularly	49	10
No regular visits	46	77
Nos. on which % based	98	967(1)

(1) Excludes 1 person not answering.

Table 19 shows that in Dundee G.P.s see those receiving home helps more regularly and table 20 shows that they see those in the home help sample more often than those in the general sample.

TABLE 20

Frequency of visits for those seeing doctor regularly

Frequency of visit	Home help sample	General sample
	%	%
At least once a week	10	7
Every 2 or 3 weeks	34	18
Once a month	46	45
Over 1 month up to 2 months	10	20
Over 2 months up to 3 months	—	7
Over 3 months	—	3
Nos. on which % based	50(1)	218(2)

(1) Excludes 3 not answering.
(2) Excludes 6 not answering.

Where the doctor is not seen regularly informants were asked when they had last seen their doctor 9% of those having home helps had not seen their doctor for over 12 months (29% of the general sample) while 12% had seen him in the past week (9% of the general sample)

4 0 ELDERLY PEOPLE IN THEIR OWN HOMES—GENERAL SAMPLE

The general sample (968 persons of retirement age in Dundee) were asked who did most of the cooking, shopping and housework in their households

TABLE 21

Person responsible for most of cooking, shopping and housework

Person responsible for	Cooking %			Shopping %			Housework %		
	Men	Women	All	Men	Women	All	Men	Women	All
Self	19	81	63	20	71	56	14	70	55
Spouse	56	1	17	50	2	16	49	1	15
Joint self/spouse	4	3	3	7	5	6	7	8	7
Child (in law) in household	11	6	7	12	9	10	13	9	10
Child (in law) outside household	1	1	1	2	2	2	3	2	2
Other relative in household	4	5	5	4	5	5	5	3	4
Other relative outside household	*	*	*	1	2	2	1	1	1
Other person in household	*	—	*	*	—	*	*	—	*
Friend neighbour	1	*	1	1	2	1	*	*	*
Home Help/M-O W/welfare	*	1	1	2	2	2	3	3	3
Private domestic help/eat out	3	1	2	1	*	*	4	3	3
Nos on which % based	271	697	968	271	697	968	271	697	968

*Less than 0 5%

Only 6% of the sample depended on outside help for most of their cooking (1% having meals on wheels or the home help cooking most of their meals)

While 64% of those having home helps say the home help does most of the shopping only 2% of the general sample say she does most of the shopping, a further 6% saying someone outside the household does most of the shopping

3 5% of the general sample had home helps and in most cases she did most of the housework Over three quarters of the sample did their own cooking shopping and housework themselves or with the help of their spouses

Difficulty in doing cooking, shopping and housework

Where elderly persons did most of their own household tasks, they were asked if they could do so without difficulty 2% of the elderly people responsible for their own cooking encountered difficulty—the main difficulty being that they were too tired to cook every day Of those responsible for most of their own shopping 11% had difficulty—mainly carrying heavy shopping Most difficulty was encountered by those responsible for most of their own housework (18%)—the difficulty generally being with bending and kneeling

4 1 NEED FOR HOME HELPS

Doctors do not have to support an application for a home help but where there is doubt about the validity of the application, the G P 's opinion is sought

G P s in 19 practices (representing 27 doctors) in Dundee were asked if in their opinion they had any patients who should have a home help but could not get one None of the doctors reported having such patients

60% of the doctors thought the home help should stay longer on each

visit and about 70% thought they should attend for more days a week (33% of the home help sample only had the home help for 2 days a week).

Five of the doctors said they had patients who would not have a home help (about 28 patients), despite their need of the service, because they thought they could not afford the charges.

Five doctors reported having patients who had, quite suddenly, had the home help withdrawn during the past year without any reason being given.

The above estimate from the doctors may not give a true picture, as table 22 shows that 39% of the sample not seeing the doctor regularly have not seen the doctor for over 6 months. If we assume that those seeing a doctor regularly do so at least once every 6 months, this would mean that a third of the elderly in Dundee have not seen a doctor in the last 6 months, and over 20% have not seen a doctor for at least a year.

TABLE 22

When elderly people not regularly seen by the doctor, were last seen by him

When last visited	Persons not regularly seen by G.P.	
	No.	%
In last 2 weeks	109	15
Over 2 weeks and up to 1 month ago	76	11
Over 1 month and up to 2 months ago	82	12
Over 2 months and up to 3 months ago	54	8
Over 3 months and up to 6 months ago	107	15
Over 6 months and up to 1 year ago	74	10
Over 1 year and up to 2 years ago	85	12
Over 2 years and up to 5 years ago	68	9
Over 5 years and up to 10 years ago	30	4
Over 10 years ago	28	4
No. of persons on which % based	713(1)	100

(1) Excludes 30 people not answering.

The need for home help is likely to depend mainly on whether the elderly person is able to get about, and if not, whether there is anyone else, either living within or outside the household, who helps.

It has been shown that a higher proportion of elderly people who were not able to get out and about at the time of the survey needed home helps than did others. We shall now examine whether household composition is another factor contributing to the need for home helps.

Those not usually able to get out and about

There were 73 people in this category, in households as follows:—

Old person living alone	24
Old person living with their children	26
Old person living with others 64 and under	3
Old person living with others 65 and over	8
Couple living alone	8
Couple living with their children	4
	73

Living alone, not able to get out and about

Of those living alone 13 had home helps All 13 said that the home help did most of the housework Most of them managed their cooking and shopping themselves or with the help of friends and neighbours but 2 had difficulty in getting a cooked meal every day One was a woman suffering from a heart condition who had great difficulties and apparently no help other than her home help saying that most of the time she had only cups of tea and was getting very thin the other had had a stroke and had difficulty with move ment These 2 women would benefit greatly from the meals on wheels service the former mentioned that she was thinking of applying for it

Of the 11 who did not have home helps 3 had difficulty with their house work all having considerable difficulty getting about and no outside help and would appear to need a home help Another housebound woman was helped with housework by her daughters but had difficulty cooking for herself and would benefit from meals on wheels

'Single' people living with others, not able to get out and about

None of the households consisting of 1 old person living with their children (and grandchildren) had a home help In 2 cases the old people were respon sible for the housework their children working full time but they had no difficulty with it

Of the other single housebound persons the housework was usually done by the other people in the household and there was no need for further help

Elderly couples, one or both not able to get out

Of the 8 married couples living alone 2 had a home help In 4 others the housework was normally done by the more agile person However 2 house holds both women in their early seventies with sick husbands had difficulties doing the housework one just doing the best I can the other saying I just struggle about and would obviously benefit from the services of a home help

There were 3 elderly couples living with children in 1 case both partners being permanently housebound This couple were living with their son who worked full time and the housework and shopping were done by a daughter outside the household The wife said that this was not really satisfactory because her daughter had to come 5 days a week had a difficult bus journey and that it was too much for her to handle as she had her own family to look after There would therefore seem to be a good case for providing this couple with a home help

Thus for households where at least 1 person was not able to get out and about we found —

6 households needing a home help
3 persons needing meals on wheels

Those able to get out

There were 895 elderly people in our sample usually able to get out in house holds as follows —

	No. of persons	No. of households
Old person living alone	270	270
Old person living with their children	130	124
Old person living with others 64 and under	56	42
Old person living with others 65 and over	55	28
Couple living alone	261	162
Couple living with their children	108	70
Couple living with others 64 and under	9	6
Couple living with others 65 and over	6	5
	895	707

Of those living alone, 16 had a home help, none reporting difficulty with any of the housekeeping. Of those not having a home help 39 people had difficulty with housework, 6 with shopping, and 16 with both shopping and housework. Most of those having trouble with shopping said it was because of distance from the shops, and carrying heavy loads, but managed by having goods delivered, by carrying a little at a time, or with help from friends and relatives. Of the 55 people having some difficulty with housework, 40 had minor difficulties which they could overcome themselves, or got sufficient help from relatives and friends, but 15 appeared to have difficulties that they could not cope with and would benefit from the services of a home help. In addition 1 lady, aged 69, required meals-on-wheels because she found it too much effort to cook for herself, but she said she could not get them because the vans did not deliver in her area.

Eleven of the old people living with children but nevertheless responsible for most of the housework reported that they had some difficulty. In most cases the work they could not manage was done by their child, but 4 women, 3 living only with sons who were working full-time and 1 with a crippled daughter had sufficient difficulty to qualify them for home-help.

Of the other households containing 'single' old people, none would seem to need a home help, confirming that when old people are living with others they are much less likely to need help, one person being able to help another.

This is also apparent when we come to consider the married couples (only 1 of the married couples interviewed had a home help at the time). Often when the wife has difficulty with the housework, she can get her husband to help, and they do shopping together, etc. There were, however, 4 couples who need more help. In all cases the wife had poor health (heart condition, arthritis, etc.) and the husband was not able to help, in 2 cases because he was working full-time.

Thus among those old people who can normally get out by themselves we found:

23 households needing a home help
1 person needing meals-on-wheels

Therefore it can be estimated that the total need is

	Sample (968 persons of retirement age)	In Dundee (25,850 persons of retirement age—Census 1966)
Home helps	29 households	775 households
Meals-on-wheels	4 persons	105 persons

The most urgent need for the people not able to get out would be in 160 households

The old people were asked if there was anything that would lead them to refuse a home help and 11 of the households whom we considered needed help had doubts about applying for one 5 were apprehensive about the cost 3 said they did not want strangers in the house and 3 had heard bad reports of the service but there would seem to be no reason why these people could not be persuaded to accept a home help

When the old people were asked whether in their own opinion they needed a home help 31 persons representing 28 households said that they did of which only 11 were included in our estimate Of the other 17 households 4 were thinking of some possible future need or wanting help with a particular job such as spring cleaning 3 were temporarily ill but could normally manage themselves 2 had private help which they *could* afford but would prefer free help and 7 appeared to have no difficulties with getting around or doing their housekeeping The last case was a woman of 71 who had difficulty getting about She lived with a younger sister who did all the housework as well as working full time which was very tiring and our informant felt they needed a home help to relieve her sister By our criteria based on the ability of people to do their housekeeping or obtain help from other sources only the last case would possibly qualify for home help However if an estimate had been made simply by asking the old people if they needed a help a very similar answer would have been obtained i e 28 households in the sample 750 in the whole of Dundee An estimate made in this way would thus give an idea of the size of the general need but could not be used to find the actual people who require home help

II HOUSING FOR OLDER PEOPLE

Housing in Dundee is the responsibility of the Housing Factor The following information was obtained from him

1 0 PRESENT POSITION

In Dundee at the time of the enquiry (March 1966) there were 650 old people s dwellings being either bedsitters $1\frac{1}{2}$ rooms or 2 roomed apartments [$1\frac{1}{2}$ rooms are bed sitters with a bed recess which can be curtained off]

In addition there were 24 houses administered under the Gray Memorial Trust and 496 single 2 and 3 apartment houses administered under the Fleming Trust these latter only being used to rehouse those evicted under slum clearance or redevelopment schemes

However in Dundee some 48% of all housing is Local Authority owned and a number of old people will be living in Local Authority property although this is not purpose built

1 1 WAITING LIST

The waiting list in Dundee is open to receive new applications for rehousing but no separate list is kept for elderly applicants although applications are marked to show whether the applicant needs an elderly person s house

The housing list is reviewed every year except for 'permanent applications where the review takes place every 5 or 6 years

Anyone who has himself (or his wife) lived in Dundee for 5 years or more will be accepted on to the waiting list.

1.2 FACTORS TAKEN INTO ACCOUNT WHEN ALLOCATING ELDERLY PERSONS' HOUSING

The present policy is to house all applicants, including elderly people, where,

1. The property is to be demolished for slum clearance.
2. The property is to be demolished for redevelopment.
3. The applicant has some health reason for needing to move. (15% of new houses are allocated for this purpose on the M.O.H.'s recommendation.)
4. The applicant is homeless.
5. The applicant has been on the waiting list for a number of years and has sub-standard housing, i.e., no bathroom, etc., even if the applicant does have a w.c. (15% of housing is allocated for this purpose, and at the time of the inquiry those applying in 1940 were being considered for 2-roomed houses in the centre, and in 1948 or 49 for perimeter schemes.)
6. The applicant is a Local Authority tenant who is under-occupying the property.

It should be noted that a person who is discharged from hospital or Part III accommodation is not regarded as homeless, and will only be considered for rehousing if he is on the housing waiting list, and then only when his turn comes.

It is the Council's policy to try to get elderly tenants living in their property to move to smaller houses when the family size decreases, and such transfers do take place. However, the Factor said that with the Rent Rebate scheme applying in Dundee—or with the National Assistance allowance for rent—there is no financial incentive for the elderly to give up under-occupied property. No pressure is applied to elderly people to give up such accommodation, but some elderly tenants do ask to be moved.

There is one other condition which might make it more difficult to get tenants to agree to move, which is that in Dundee the tenants are responsible for decoration of the house. In some cases the tenants allow this to deteriorate, and the rent collector then reports the case, whereupon an inspector calls and tries to persuade the tenant to redecorate. However, the Factor's Department have no powers to compel the tenant to keep the property in a fair state of decoration, with the result that many houses deteriorate because the tenant is unwilling or unable to keep them up properly, especially where the tenant is giving up the property.

An ingoing tenant to a 1- or 2-roomed house can get a grant of £1 towards redecorating. This is given in the form of a voucher for paint or paper, or against bills for same, but it is not likely that many elderly people can do home decorating themselves, or afford to have it done on moving into previously occupied accommodation.

Applicants are allowed to turn down 3 offers of accommodation, after which their applications are held in abeyance.

1.3 WARDEN-SUPERVISED DWELLINGS

There are no warden-supervised dwellings as such in Dundee (indeed, the Factor's Department does not have a Welfare Officer), but there is one scheme.

Clement Park where an Old People s Home is being built adjacent to a group of old people s houses to which it is likely to be linked by a bell system

1 4 FUTURE HOUSING PLANS

Over the next 5 years it was planned to build some 12 500 houses of which approximately 17½% would be suitable by nature of size and location for housing elderly tenants

2.0 THE SAMPLE

From the records of the Housing Department a sample was drawn which consisted of 2 out of 3 of all the addresses into which elderly people had been rehoused in 1965 and 1966—81 addresses in all

Two of the addresses were found at the time of interview to contain persons aged under 60 and at 1 address the named person had moved away some months before There were therefore 78 eligible addresses which contained 83 persons aged 60 or over Of these 2 refused 1 because she was ill and 1 who was upset by the death of a sister 3 were away in hospital 1 on holiday and 2 others could not be contacted The final sample consisted of 71 house holds containing 75 persons aged 60 and over

2.1 AGE AND MARITAL STATUS

The present ages of men and women in the sample are shown in table 1

TABLE 1

Present age of those rehoused

Age	Men	Women	Both sexes
60-64	—	7	7
65 69	3	24	27
70-74	6	8	14
75-79	3	15	18
80-84	—	5	5
85 or over	1	3	4
All ages	13	62	75

Only 17% of those rehoused were men whereas in a sample of all people of retirement age in Dundee 28% were men showing that women are more likely to be rehoused

There were 4 married couples in the sample The other 9 men were all living alone 6 were widowers and 3 were single 56 of the women were living alone 43 were widows and 13 single Another woman separated from her husband was living with a young friend and 1 single woman was living with her sister

The present household composition of the sample was very similar to that before they moved 79% of the old people living alone 2 of the widows had moved with their husbands who had since died

2.2 LENGTH OF TIME LIVING IN DUNDEE BEFORE BEING REHOUSED

Sixty five of the informants (87%) had lived in Dundee for 40 years or more

Only 2 people had lived in the city for less than 10 years, and no one for less than 5 years.

3.0 PREVIOUS ACCOMMODATION

3.1 LENGTH OF TIME IN ACCOMMODATION PRIOR TO REHOUSING

Only 2 people had been living in their previous accommodation for less than a year, and altogether only 6 had been there for less than 3 years. 17 had lived at their previous addresses for between 3 and 10 years, but the majority (nearly three-quarters) of the sample had been there for more than 10 years.

3.2 TYPE OF DWELLING AND AMENITIES OF PREVIOUS ACCOMMODATION

(a) Ownership/tenancy

Table 2 shows the tenancy position of households and persons immediately prior to rehousing.

TABLE 2

Tenancy of previous dwelling

Tenancy of previous dwelling	No. of people aged 60 or over	No. of households
Owner-occupier	1	1
L.A. tenant	26	25
Rented, not Council	48	45
All tenancies	75	71

Almost two-thirds of those rehoused came from privately rented accommodation, and most of the remaining third from other Council accommodation. [In Dundee as a whole, 45% of people of retirement age are in L.A. dwellings, so, unlike other areas, priority is not given to those already Local Authority tenants.] The 1 person who was an owner-occupier came from a house lacking amenities which was scheduled for demolition.

(b) Sharing amenities

Table 3 shows the number of people with sole use of kitchen, w.c. and bathroom in their previous dwelling.

TABLE 3

Number of people with different types of tenancies, sharing or lacking amenities

Use of amenities	Tenancy of previous dwelling			All tenancies
	Owner occupier	L.A. tenant	Rented, not Council	
Had sole use of all amenities	—	14	—	14
Lacked/shared bathroom only	—	3	4	7
Lacked/shared bathroom and w.c.	—	1	10	11
Lacked/shared kitchen and bathroom	—	2	4	6
Lacked/shared all amenities	1	6	30	37
All persons	1	26	48	75

Fourteen people had sole use of all amenities in their previous dwellings all of these coming from Local Authority housing A further 7 lacked or shared a bathroom only but the rest (72%) lacked at least 2 amenities Only 19% compared with 67% of all people of retirement age in the general sample had sole use of a bathroom and 36% compared with 85% in the general sample had sole use of a w c Over half had lacked a kitchen but with 1 exception a woman who cooked on a coal fire had some cooking facilities

The majority of people lacking amenities came from privately rented accommodation Of the 9 who were in Local Authority hous ng deficient in amenities 7 stated that their houses were scheduled for demolition 3 of them mentioned that their houses had recently been taken over by the Corporation and probably this was also the case with the other property

4 0 ACCOMMODATION AFTER REHOUSING

4 1 TYPE OF ACCOMMODATION

Most of the informants were in bedsitter type dwellings but 2 of those living alone were in 1 bedroom houses and 4 others had ordinary Local Authority houses

4 2 HEATING

Two households said they had central heating and 22 had electric floor warm ing but in all but one case this was supplemented by an electric fire 34 house holds had a solid fuel fire 5 using an electric fire in addition and 11 used electric heaters exclusively 1 person said she had a gas fire and 1 person did not answer the question

Six persons had only recently moved into their homes and had no exper ience of cold weather of the others 45 said that they normally felt warm enough in their main living room but 24 (32%) said they sometimes felt cold The main cause in the opinion of the tenants was structural faults in the houses causing draughts etc while a few blamed inadequate heating equipment 4 people said that they could not afford to keep the place as warm as they would like

4 3 DISTANCE FROM PREVIOUS DWELLING

Thirty two (43%) of the informants had moved a distance of 15 minutes or less from their previous homes 30 (40%) were between a quarter and half an hour away and 13 (17%) further away than this Of those who had moved more than 15 minutes away 6 said they had originally thought of refusing accommodation because of the distance 2 said they were now satisfied but 4 would still prefer to be nearer their old homes because they missed friends relatives or social activities.

5 0 DID REHOUSED WANT TO MOVE?

Thirty five of the old people wanted to move 34 said they had to and 6 had both wanted and had to

The reasons they gave for moving are shown in table 4

TABLE 4

Reasons for moving

Reasons for move	Had to move	Wanted to move
Lack of amenities	—	14
Slum clearance	37	—
Health reasons	2	12
Financial reasons	—	4
House/garden too big	1	9
Wanted place of own/security	—	1
House in bad condition	—	9
To be nearer town	—	8
To be nearer children/relatives	—	2
Wanted to move when husband died	—	3
All reasons	40	62
No. of persons answering	40	41

Most of those who had to move did so because of slum clearance. Among those who had wanted to move, health and lack of amenities were the main reasons, followed by the desire for a more convenient dwelling or to be nearer the town centre. These reasons will be examined in more detail later on in section 10.

6.0 LENGTH OF TIME ON THE WAITING LIST

The length of time that informants had been on the waiting list before being rehoused is shown in table 5.

TABLE 5

Length of time on the waiting list before being rehoused

Length of time	Had to move	Wanted to move	All persons
Never	17	3	20
Less than 3 months	—	1	1
3 months but less than 6 months	—	4	4
6 months but less than 1 year	3	—	3
1 year but less than 2 years	—	1	1
2 years but less than 3 years	2	2	4
3 years but less than 4 years	3	—	3
4 years but less than 5 years	3	2	5
5 years but less than 6 years	—	4	4
6 years but less than 10 years	4	5	9
10 years or more	7	12	19
All lengths of time	39(1)	34(1)	73

(1) Excludes one person not answering in each case.

The people who had to move generally spent less time on the waiting list than those who chose to; 17 (44%) of them had never been on a waiting list, but 11 (28%) had still waited for 5 years or more. However among those who wanted to move, almost 2 out of 3 had had to wait for 5 years or more.

When we compare the time on the waiting list of people already in L.A. accommodation with other tenants, we find that the former are rehoused more quickly (table 6). 58% of Council tenants were rehoused in under a year compared with 28% of all others.

TABLE 6

Time on waiting list of Council and other tenants

Length of time	L A	Non L A	All
Less than 1 year	15	13	28
1 year to 4 years	6	7	13
5 years or more	5	27	32
All lengths of time	26	47	73(1)

(1) Excludes 2 not answering

Most Council tenants are rehoused either because of slum clearance or because they are under occupying their present houses If we exclude those rehoused under slum clearance schemes since both Local Authority and private tenants are not long on the waiting list in these circumstances it still appears that older people in Council houses too large for their needs are given priority for purpose built dwellings over those who need rehousing for other reasons

7 0 WARDEN SUPERVISED ACCOMMODATION

There is no warden supervised accommodation for old people in Dundee

8 0 OTHER WELFARE SERVICES

Table 7 shows the number of people receiving welfare services before and after rehousing

TABLE 7

Number of people receiving welfare services

Welfare services	Before rehousing	After rehous ng
Home help	6	8
Meals on wheels	1	—
Health Visitor	11	5
D strict Nurse	4	7
Welfare chiropody	19	19

There is a slight increase in the number of people receiving home help and the District Nurse after moving but less than half of the people who said the Health Visitor used to call were now being visited This may be because the Health Visitor called in connection with their rehousing

9 0 VIEWING THE ACCOMMODATION AND MOVING

Fifty one (69%) of the informants saw their new house before accepting the offer but the others did not All but 2 saw the house before they actually moved in and in these 2 cases someone connected with them saw the house Only 4 old people were shown over by an official from the Factor s depart ment the majority (57%) went with friends or relatives and 38% went alone

For nearly half of the informants (32) their tenancy started within a week of accepting the house and for a further 28 it was within 3 weeks 6 people had longer than 3 weeks and 9 could not remember 84% of the people said they had enough time to make arrangements for moving in 12 persons would have liked longer but none had requested a delay

9.1 DIFFICULTIES WITH THE MOVE

Three women had had difficulty in getting gas and electricity laid on; 2 of these had had no help. 13 people were unaware that they could have access to the flat before the tenancy started to make measurements, etc. Of these, 5 waited until they moved in, 1 person used her existing fittings, and 7 had someone else to do it for them.

Eighty-seven per cent of the informants had help with the actual move. Half of these were helped by their children, others by friends and other relatives, and 8 had paid help. Of the 10 who had no help, 8 said they had no difficulties, but the 2 who did have trouble said they would have welcomed help from the Council.

10.0 ASSESSMENT OF HOUSING NEED ON LOCAL AUTHORITY CRITERIA FOR REHOUSING

The criteria employed by the Factor's department in allocating housing for elderly people were set out in section 1.2.

Let us now see whether those rehoused all fell within these criteria. We saw that they had all lived in the city for at least 5 years, and below we examine the causes of their need for rehousing.

(i) **Slum clearance and redevelopment schemes**

Thirty-nine of the 71 households (55%) had had to move because their previous homes were due for demolition. 5 had lived in prefabs which had had all amenities, but were being replaced by permanent buildings, the others had all had sub-standard accommodation which was being cleared. All these 34 dwellings had lacked a bathroom and 26 of them (77%) had outside w.c.s. In addition to those living in the prefabs, 7 households had been paying rent to the Council, as the houses in which they lived had been compulsorily purchased.

(ii) **Council tenants**

Thirteen other households had been Council tenants before they were rehoused of whom 9 had houses too large for their needs and were moved to smaller accommodation.

The other 4 households had not had too large accommodation, but 1 had exchanged to be nearer her family and the other 3 had been in sub-standard accommodation, all lacking baths, and 2 having an outside lavatory (probably they were in houses that had been compulsorily purchased by the Council, although the informants did not mention this).

(iii) **Poor amenities**

The remaining 19 households, who lived in privately rented dwellings, all lacked proper amenities in their previous accommodation. None had had a bath, 12 had no proper kitchen and 14 (74%) had outside lavatories. Only 3 of these informants had been on the waiting list for rehousing for less than 5 years; half of them had applied at least 10 years previously.

Most of the informants said that the reason for their move was the lack of amenities, and 9 said that in addition they had poor health which was aggravated by these conditions, stairs and outside w.c.s being mentioned as causing the most trouble. None of the informants was housebound at the time they were moved.

Thus all the sample were rehoused on the basis of the criteria outlined by the Housing Department

Let us now look at the waiting list to see if all the old people on the list qualify under these criteria

10 1 WAITING LIST

A sample of 30 addresses was drawn from the waiting list Of these, 6 were ineligible (3 had already been rehoused, 2 had died, and at 1 address the house had already been demolished) At the 24 remaining addresses 1 interview was refused, 1 was a non contact, and at 22 interviews were obtained

Of the 25 people interviewed, 5 (4 households) said that they no longer wanted rehousing

These were

(a) Woman aged 75, living in a house with no bath, and an outside toilet She applied for rehousing 30 years ago and had been offered places on housing schemes, but she preferred to stay where she was and she seemed to be happy and managing all right

(b) Woman aged 70, living in a house with no bath, and an outside toilet She said she was happy in her own home and did not want to move because the rents might be higher elsewhere

(c) Man aged 83 He had been on the waiting list for 2 years, but a year ago his wife went into hospital he had gone to live with his daughter and son in law and would not now be able to live alone

(d) Man aged 87 and his wife, 85 They wanted to stay where they were, and no information was obtained about why they had applied for rehousing They were happy and able to look after themselves with some help from their daughter

One woman of 70, who had been on the waiting list for 26 years had been allocated her new home and was shortly moving in

Nineteen people (17 households) remain who still wanted to move 2 of them would prefer to stay where they were but they said that they would accept a Council house, one of them in case she did not get another chance later and the other, if it took her nearer her sick brother

Age and sex

There were 16 women and 3 men in the following age groups

TABLE 8
Age of those on the waiting list

Age	Waiting list		Age at rehousing of rehoused sample	
	No	%	No	%
60–64	3	16	7	9
65–69	5	26	29	39
70–74	9	47	14	19
75–79	2	11	18	24
80 or over	—	—	7	9
All ages	19	100	75	100

A smaller proportion of those waiting to be rehoused were aged 75 and over, compared with the ages at the time of rehousing of those now Council tenants.

Household size and composition
Among the 17 households in the sample there were 3 married couples (1 wife not being interviewed as she was aged under 60), 2 women living with their children, and 12 living alone.

Length of time in Dundee
None had lived in Dundee for less than 30 years and therefore all were eligible for consideration for rehousing.

Length of time on the waiting list
Two households had been on the waiting list for less than a year, 3 households for 2-4 years, 5 households for 5-9 years and 4 households for 10 years or more (3 answers were not obtained).

Type of tenancy
Thirteen of the old people (12 households) lived in privately rented houses, one couple were Council tenants in their own right, and the 2 women living with their families were also in Council houses. The other 2 households were leaseholders.

Reasons those on the waiting list want to move
We will examine whether those on the waiting list fit into the same categories for rehousing as the rehoused sample.

(i) **Slum clearance**
Only 1 woman aged 67 said she would have to move because of the University development scheme. She did not know when she was due to move, and was content to stay where she was in the meanwhile. Her dwelling had no bath, but it had an inside w.c.

(ii) **Council tenants**
The married couple were living in a 5-roomed house which they said was much too big for them, the wife having difficulty with the stairs and with doing all the housework.

One lady living with her daughter and son-in-law in a 4-roomed Council flat said that she had originally applied for a place for herself, but would now only move if her children could go with her. She said her children wanted to move to a place with less stairs because she had a bad heart, but she would sooner stay as a family, even if it was detrimental to her health.

The other woman lived with her daughter and grandchildren in a 4-roomed Council flat. She did not particularly want to move although she said she would accept a place of her own if it were offered in case she did not get another chance. Here the implication was that there was not really room for her, or there would not be when the children grew older.

Neither of these two cases came into the category of under occupied Council accommodation, and would not qualify for an old people's dwelling

(iii) **Poor amenities**

The remaining 13 households were all in dwellings that had no bathroom 6 had no proper kitchen and 9 had an outside lavatory

Two people did not give a clear reason for wanting to move, but the other 11 all mentioned lack of amenities, the difficulties of having an out side w c, etc, and in addition, 2 said they wanted a place without stairs

Two of the informants did not say how long they had been on the waiting list, 4 had applied more than 10 years previously, 4 between 5 and 10 years previously, and 3 within the 5 years Although their priority for rehousing would depend on their date of application, all would seem to qualify on the ground of having poor amenities

Thus of our original sample of 30 addresses on the Council's waiting list for old people's housing

At 6 the old person had died or already moved
, 2 ,, ,, ,, could not be interviewed
,, 1 ,, ,, ,, had already accepted a place
, 4 ,, , ,, no longer wanted to move
,, 2 ,, ,, ,, did not qualify
,,15 ,, ,, ,, would qualify for rehousing on the criteria of the Housing Department

So only about half of the people whose names were on the list actually required rehousing, and if we assume that the two people not interviewed would also qualify, the total need in our sample would be for 17 units of accommodation We were not able to ascertain the number of elderly on the waiting list, so cannot project our estimate of the total number of elderly on the waiting list who need and qualify for rehousing We must therefore, try to base our estimate on an examination of the conditions and housing need of the general elderly people's sample

10 2 NEED AMONG OLDER PEOPLE IN DUNDEE

A representative sample of all the people of retirement age in Dundee was interviewed (271 men aged 65 and over and 697 women aged 60 and over) information being obtained about their health and present housing conditions We will now examine this sample to see how many of the elderly population fall into the categories for rehousing outlined in the previous sections

We first eliminated the very small number who had lived in Dundee for less than 5 years, viz., 22 persons, plus 6 whose length of residence in the city was not obtained

All the informants were asked (a) if they wanted to move and (b) if they would accept Council accommodation We rejected all those people who answered 'no' to both questions as there seemed little point in planning for people who were either not in need, or would not accept the facilities even if rehousing were offered As we shall see later, there was hardly any need

among those who *did* want to move yet said they would not accept a Council house.

We then had left 328 *households* covering (a) all the people who said they wanted to move (197 households) and (b) those who said they would like to stay in their present home but would accept a Council place if it were offered (131 households).

We saw that the main reason for rehousing was slum clearance and redevelopment schemes. We naturally could not get information about this from the old people, but all these cases should emerge when we examine those lacking amenities.

Let us therefore look at the old people at present in Local Authority property.

Council tenants

One hundred and forty-six of the 328 households at present under examination (45%) were living in Council accommodation, and 76 of them said they would like to move. Let us see how many were living in houses too big for their needs, i.e., with 4 or more rooms for their sole use (this was the size of dwelling vacated by those in the rehoused sample).

TABLE 9
Whether Council tenants want to move

Households	Want to move	Want to stay
3 rooms or less	59	57
4 rooms or more	7	13
Total	76	70

There are therefore 17 households who would immediately qualify for rehousing.

The people with 3 rooms or less for their sole use are unlikely to be rehoused unless their houses lack amenities, in which case it is probable, being Council tenants, that their houses are due for demolition. We therefore break these down further into those with and without an inside w.c. and a bathroom.

TABLE 10
Amenities of Council tenants with 3 rooms or less

Households with 3 rooms or less	Want to move	Want to stay
With bath and indoor w.c.	50	49
With no bath, but indoor w.c.	6	5
With outside w.c.	3	3
Total	59	57

It seems likely that the 17 households who lack amenities will need rehousing.

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With outside w.c.	3	3
Total	59	57

It seems likely that the 17 households who lack amenities rehousing.

Non-Council tenants

The 182 households in this group are examined in table 11

TABLE 11

Amenities of non Council tenants

Households	Wants to move		Wants to stay but would accept Council place
	Would accept Council place	Would not accept Council place	
With bath and indoor w c	14	20	20
With no bath, but indoor w c	44	4	22
With outside w c	39	—	19
Total	97	24	61

The immediate need for rehousing in this group is for the 83 households who lack amenities and who want to move

It is reassuring to see that there is virtually no need for rehousing among those who say they would not accept a Council place

The 41 households lacking amenities but who say they are happy in their present accommodation are only likely to need rehousing if they are in a redevelopment area

Thus in our sample we have found a minimum of 117 households who would qualify for rehousing by the Local Authority's present criteria If this proportion of the sample is applied to the city of Dundee (total population of retirement age 25,850, Census 1966), there is a need for 3,120 units of old persons' accommodation

In addition, there were in the sample 13 households in under occupied Council houses, and 41 old person households who lacked proper amenities, representing 1,440 households in the city

III OTHER HEALTH AND WELFARE SERVICES

Information on Health and Welfare Services which benefit elderly people, apart from the Home Help Service and Housing, which have been dealt with separately, was obtained from the M O H. and the Welfare Officer on March 22nd 1966

10 DISTRICT NURSES

There are 28 District Nurses, 4 of whom are part time All have had R.G N,
y are not attached to G P s The
than half of their time with elderly
by the patient, dressings injections, bathing etc. Their aim is the total care of the patient, and they are encouraged to visit even when nursing care is no longer necessary, to give the elderly a sense of security

The majority of cases are referred to the Home Nurses by G P s although they will visit at the request of hospitals or relatives In the latter case they will pay up to 2 visits, and then ask the relatives to call in the doctor If they will not call the doctor, the nurse does so herself

s

that treatments could be given more frequently There was no waiting list of new patients

Twenty two of the 27 G P s said they knew of no old people who were not receiving treatment and would benefit from it One said there were not enough home visits paid but 4 others referred to a long waiting list Since at the moment there is no waiting list, it would appear that either there was such a list in the past, and they have not been told it has been cleared or because it is generally supposed that there is a shortage of domiciliary services, they assume, erroneously in this case that domiciliary services are inadequate

IV RESIDENTIAL HOMES

1 0 PRESENT PROVISION

There are 4 Local Authority Welfare Homes The largest, the Rowans, caters among others, for the frail ambulant while the 3 smaller Homes take the more physically active and robust elderly persons

Accommodation is provided in the Homes as follows

The Rowans—192 persons, with a higher proportion of female than male accommodation

Craigie—20 persons, 10 male, 10 female

Caird Rest—35 persons, 17 male, 18 female

Tay Park—20 persons all female

None of the Homes are purpose built, being adapted mansion houses, so that the majority of bedrooms are upstairs

There are 8 Voluntary Homes in the area

(a) Salvation Army Women's Hostel—annexe for 20 elderly women

(b) Salvation Army Home, Cidhmore—41 women and 4 men

(c) Wellburn R.C. Home, Lochee—65 women and 45 men

(d) St. Margaret's Home—30 women (it has a lift and can take frail people)

(e) Home of Rest, Broughty Ferry—10 women

(f) Pinegrove—55 residents, both sexes (originally built for former employees of the jute mills There is a waiting list and it takes about 2 years to be selected It takes more fit persons just as if living in a hostel)

(g) Dalgleish Hostel for the Blind—taking up to 7

(h) Rosendael Ex Service Men's Hostel, Broughty Ferry—65 men

Some people in these Homes are paid for by the City In some cases a patient will be placed in the Home from a geriatric ward and the Home then asks the Local Authority to pay This is always accepted In other cases where they have taken in an old person and ask the City to accept financial responsibility, the Welfare Officer will visit, and in all cases responsibility has been accepted

Occasionally, the Welfare Department will approach the Home and some times they succeed in placing an elderly person

Elderly people are usually referred to Homes by the G P s and geriatric hospitals but referrals also come from ministers, home helps Health Visitors, old people themselves or their relatives Whenever an application is made the elderly person is visited either in their own home or in hospital

3 0 ATTITUDE OF RESIDENTS TOWARD THE HOME THEY ARE IN

3 1 WILLINGNESS TO BECOME RESIDENT

Forty two people said they had wanted to be residents but 14 people had not wanted to 6 of these were men, showing men were less willing to enter a Home Of those who wanted to be residents 46% said it was because they needed more care and attention, 20% because they had housing difficulties and the rest gave various reasons such as loneliness, not wanting to be a burden on children, etc. 6 of those who did not want to become residents said they had needed more care and attention than they were getting and 3 had housing difficulties

3 2 WHO SUGGESTED BECOMING A RESIDENT

While 42 residents said they wanted to go into a Home, only 12 said that it was their own idea The first suggestion usually came from the doctor (13 cases) or the hospital where they were patients (13 cases) In 9 cases the matter was prompted by a relative (6 of whom were living with the old person) Only 5 people said that the original suggestion came from a member of the Welfare Department, others mentioning friends, neighbours, etc.

3 3 LENGTH OF TIME ON THE WAITING LIST

Ten people could not remember how long they had to wait for admission, 26 (57%) were admitted immediately, a further 6 (13%) waited less than a month and 10 (22%) were given a place within 6 months 4 women said they had to wait a year or longer

3 4 PRE KNOWLEDGE OF WHAT TO EXPECT

Eight of the 56 residents said they were told when they first came to the Home that it was for a trial period, the rest regarded it as a permanent arrangement

Five people had gone to see the Home before becoming residents, this being at the suggestion of the Welfare Officer in 3 cases and their own G P in the other 2.

Nine of the 51 people who had not seen the Home said they were told what to expect. 8 said it was general reassurance and one said the 'dos and don'ts' were outlined 5 of the 9 said the talk had helped them to settle down

3 5 WHETHER RESIDENTS LIKE THE HOME THEY ARE IN

Thirty four of the residents (61%) said without qualification that they liked the Home they were in, and 7 more liked it though mentioning some drawbacks, so almost three quarters of both men and women were content to be in a Home Of the others, 8 said they had no choice but to like it and 7 said they were not happy, 2 wanting a home of their own, 1 disliking the staff and 4 the other inmates

Asked if they missed anything in the Home that they had at home, half of the residents said there was nothing at all they missed, 8 people just missed having a place of their own, others mentioned freedom of action, and privacy, doing own housework, a family life, or having the food of their choice

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3.6 DISTANCE AWAY

A third of residents lived in a Home within a 15 minutes journey from their previous residence and a third had lived up to half an hour away. One person was vague on the point but the other third of the residents had lived more than 30 minutes away.

Six residents said they would prefer to be nearer their old homes, 5 because they wanted to be nearer friends and relatives, 1 because he wanted to be nearer the city centre. 4 of the six thought it would take them more than 45 minutes to go back to their old home.[1]

4.0 LIVING CONDITIONS BEFORE ENTERING A HOME

4.1 PREVIOUS ACCOMMODATION

Twenty-eight of the 56 residents interviewed had lived in a private household immediately before entering their present Home. 22 persons had been admitted directly from hospital, 4 of whom had been in hospital for a year or longer. 5 people had been in another Residential Home [3 in private Homes, 2 in City Homes].

The last case was a woman, now in Tay Park, who had previously been in another City Home for 3 to 4 years, and before that was in hospital. She estimated that it was 6 years since she had lived in a domiciliary residence.

The informants were asked about their last domiciliary residence to establish the kind of conditions that led them to enter a hospital or Home.

Fifteen (27%) had lived in Council houses, 3 of them being in purpose-built old people's dwellings. This is a lower proportion than in the general population (45% in L.A. housing) and suggests that Council tenants are more able to stay in their own homes because of the better amenities.

Thirty-two persons (57%) had lived in privately rented accommodation, 9 residents (16%) had been boarders, 2 of these actually in boarding-houses but the rest living with family or friends. The proportion not holding a tenancy themselves is not significantly different from that in the general sample, where 11% lived as boarders or rent free.

4.2 AMENITIES

Leaving out the 2 persons who were in boarding-houses, 24% did not have a proper kitchen in their last dwelling [compared with 10% of the general sample], 57% had no bath [33% of the general sample] and 24% had an outside w.c. [13% of the general sample], so that lack of housing amenities is one of the factors contributing to people no longer being able to live in their own homes.

4.3 REASONS FOR ENTERING A HOME

Admissions from hospital

Twenty-three persons had first been admitted to a Home directly from hospital. 3 men and 12 women had lived on their own before going into hospital, and another 3 men had lived with their wives who had died while the husband was in hospital.

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[1] The M.O.H. doubted that this was true in these days of public transport.

One woman had been living in a boarding house because she could not find anywhere to live and therefore went into the Home when she was discharged

Two people had lived with relatives who could not or would not have them back when they were discharged, another lived with a daughter and a fourth with another elderly person, no reason being given in the latter 2 cases as to why they could not return home

Admissions from Private Residential Homes

One woman aged 72 said her son had transferred her from a Catholic Home where she was not happy to the City Home No reason was given why she first went into any Home, but she had lived alone previously

Another man had also been in a Catholic Home but had been made to leave because he used to go out on 'binges' Before going into the private Home he had lived on his own

A man aged 71 had lived in lodgings and hostels for many years and had finished up in a Sailors' Home The Welfare Officer had suggested to him that he would be better looked after in a Local Authority Home He was active but had no recent experience of cooking or doing housekeeping for himself

Admissions from own home

Thirty of the residents had lived in a private household before entering a Home Of these, 17 had lived alone, 3 with their spouse, 7 with children, and 3 with someone other than spouse or children

(a) Living on own

There were 5 men and 12 women in this category

Two of the men had entered a Home when their house was taken over for slum clearance Both had been active at the time and looking after themselves and could have managed had they been rehoused However, 1 of them said he had been offered a single room which he had turned down

Only 1 of the other 3 men had been in need of more care when he entered Part III He was disabled by war injuries and was having great difficulty doing his housework The other 2 had been advised by their doctors and relatives to become resident, but 1 man said that it was against his own wishes. They had both been managing to look after themselves without difficulty

Eight of the 12 women had entered a Home because they needed more help and care than was available to them The other 4 had apparently been looking after themselves without difficulty and were active

One woman of 73 had had to move suddenly when the roof of her house, which was due for demolition, had collapsed There seems no reason why she could not live in an old person's flat on her own, but possibly there was not one available at the time The Welfare Officer had suggested to another woman who was only 61 that she should enter a Home because she was always quarrelling with her neighbours, 1 lady had just wanted to retire in comfort to a Home when she stopped work, and the last case a woman of 80, had been offered a place in the Salvation Army Home when attending a meeting She had been quite active and said she had no difficulty looking after herself at home.

(b) Living with husband

Two women had entered the Home with their sick husbands when they found they could no longer look after their spouse *and* run their home, both having difficulties with the housework (the husbands had since died).

The third had become a resident on the death of her husband as she said she did not want to live with anybody else and be a burden to them; she had had a home help, but said she had no other difficulties.

(c) Living with unmarried children

Three women, aged from 81 to 91, had been living with unmarried sons. They all had difficulties in looking after themselves, the oldest had had to enter a Home when her son got married, and the other 2 had become residents at their doctors' suggestion when they found their difficulties increasing.

(d) Living with married children

Three men and 1 woman had been living with married children.

Of the men, one 83-year-old who had no difficulty getting about said he had been turned out by his son's wife, one who was aged 72 and active said he had applied for a place himself because he 'didn't want to put anyone out', and one had agreed to move because his family said they wanted the house (which had 8 rooms) to themselves. He had only had difficulty with stairs. All seemed happy now, although one said he would prefer a home of his own.

The woman said she had thought of entering the Home when she quarrelled with her son-in-law. She was 83 but was physically able and said she used to do most of the cooking and housework for the family.

(e) Living with others

One woman of 84 who had no physical difficulties had been living with her niece. She said that it was her own idea to enter the Home as she 'didn't want to be a bother' but the Superintendent of the Home said that the niece had applied for her.

Another woman aged 66 had also been living with a younger relative. She did not say what had led her to enter a Home but she had difficulty with stairs and with dressing and bathing.

The last case was a woman of 82 who had been living with, and looked after by, another younger person. For some reason she had had to leave and had gone into a Home at her doctor's suggestion as she had nowhere else to go.

5.0 ABILITY TO LOOK AFTER THEMSELVES

Fifty of the residents said they were able to get out and about before they became residents, and 6 had been permanently housebound.

As 80% of the residents were aged 70 or over when they entered the Home, we compare their abilities before they entered the Home with those of the general population aged 70 and over.

TABLE 2
Mobility of residents before they entered a Home

% having difficulty	Residents	General Population aged 70 & over
	%	%
Going out of doors	18	27
Going up and down stairs	39	43
Getting about house on own	9	9
Getting in and out of bed	9	10
Dressing	7	8
Washing	5	5
Bathing	20	21
Difficulty with any of above items	64	66
No of persons on which % based	56	471

It seems therefore that the people who enter residential care have no more difficulty in locomotion or self-care than average for people in this age group

As regards housework, 26 of the residents (46%) said they were responsible for this before entering a Home compared with 52% of the general population aged 70 and over now doing it, and of those responsible, 5 (19%) said they had difficulty compared with 21% of the general sample Thus here again there is no marked difference between the 2 populations, although it might be that the residents, looking back, overestimated their former capabilities

5 1 HEALTH AND WELFARE PROVISIONS

Three men and 11 women had home help before becoming residents (25% compared to 3 5% of the general sample)

Seven people had meals on wheels (13% compared to 0 4% of the general sample)

Five people had the District Nurse calling (9% compared to 2%) 18 people had used the welfare chiropody service (32% compared to 14%) and 13 people had been seeing the doctor regularly (23% in both cases)

Thus the old people who were to become residents previously made much greater than average demands on the domiciliary welfare services

6 0 NEED FOR RESIDENTIAL PLACES

There are two points to consider The first is, are the present residents best served by living in a Home, or should they be living in a domestic household, the second is are there any elderly people who are living in such circumstances that they would be better off in residential accommodation

Let us first consider those in Residential Homes Since the need for places is measured against the Authority's criteria, there would seem to be no reason to question whether all those people in Residential Homes because they need more looking after ought to have been there in the first place However from looking at the schedules, it was quite obvious that some quite active people had been given places in Residential Homes simply because they had no other place to go

There were 6 people for whom rehousing might have been more appropriate (the ages shown are those at time of admission)

One man aged 71 and one woman aged 73 had had to move because of slum clearance. They would have been able to look after themselves in an old person's house as they had had no difficulties with their housekeeping.

A woman of 85 who had been living in an old sub-standard house had gone into hospital for a rest; she had been looking after herself without difficulty. From there she went 'temporarily' to a Home, being promised that she would be found a new house, but this had never materialised.

A woman of 61 who had been living in 1 room in a tenement. She said that the Welfare Officer had suggested a Home when she quarrelled with her neighbours, but in view of her age and the fact that she was active, rehousing might have been more appropriate for her.

One man of 72 had been living with a married child and had wanted to move because he 'didn't want to put anyone out'. He was active and though his daughter had looked after him, he felt he could manage on his own if he had a home help.

A woman of 83 had given up her home when her husband died and gone to live with her sister. When the sister and her husband decided to move she had been unable to find anywhere to live and had stayed in a boarding-house. She was then taken ill and after spending 8 weeks in hospital, the medical social worker had suggested she should enter a Home. She was quite active at the time and could have managed on her own had she been found somewhere to live.

Since these 6 people had all been in the Home for 2 years or less, and their physical ability had not changed, they could probably still be rehoused successfully. It must be remembered, however, that with the present shortage of purpose-built housing, 3 of these cases would probably not have qualified for housing under the L.A.'s criteria. [Indeed, 2 of them, including the youngest woman, said that they liked the Home and had no wish to move again.]

6.1 WHETHER RESIDENTS WANT TO STAY IN A HOME

On the whole, the physical abilities of the old people decrease when they are in the Home, 9 more people saying that they had difficulty going out at the time of interview compared with when they first became resident. Some informants, however, felt that they would be happier in a home of their own.

When asked whether they now thought it best to stay in the Home or whether they would like a home of their own, 9 of the 56 residents said they would like to leave Part III accommodation. 4 of these [the man of 71 moved for slum clearance, the women of 85 and 83, and the man of 72, discussed in the last section] would indeed seem capable of managing on their own, although 3 would probably not qualify for rehousing.

Four of the others [aged between 76 and 91] had entered the Home because they needed more care and attention. They were not happy in the Home, but since their condition had not improved it would not seem to be possible for them to live on their own.

One man had been living in hostels for many years and although he found the rules in the Old Persons' Home too restricting, it would seem unlikely that he would be able to set up home for himself.

Thus there were 4 persons in our sample of residents who would be better served in homes of their own with domiciliary services, if these were available.

62 WAITING LIST

The Welfare Department had a waiting list of 80 names A sample of 1 in 3 was drawn giving 26 names and addresses However, the interviewers found that 7 of these people had died, 6 had already gone into a Residential Home, 4 had moved away and 5 were in hospital The remaining 6 people were interviewed

It was obvious that the waiting list was not up to date at the time of the survey The Welfare Officer confirmed that pressure of other more urgent welfare business prevented their checking as often as they wished Certainly while the G S S staff were working in the Welfare Department, it seemed quite obvious that he and his assistants were under extreme pressure on current urgent duties

Of the 6 who were actually interviewed, 4 said they had never applied for a Home nor ever thought of becoming a resident, and 2 said they did want to go into a Home Let us look in more detail at these 6 cases

(i) Widower, aged 84, living as a boarder with his niece aged 65 in a 3 roomed flat which had all amenities They had a private domestic help to do the housework, he was very happy and said he had never thought of entering a Home and knew nothing of any application on his behalf His niece said that she did not need any help in looking after him because he was very fit and active, and the interviewer confirmed this

(ii) Married man of 65 living with his wife in a 5 roomed Council house He had suffered a stroke as a result of which he was paralysed down one side and had difficulty getting out, with stairs and in dressing himself He was housebound because he could not manage the two flights of stairs up to the flat and for this reason wanted to move to a smaller ground floor flat Neither he nor his wife had ever considered entering a Home, but his wife confided that she was beginning to find it a strain looking after him and that the doctor was trying to make an arrangement whereby he could spend alternatively 6 weeks in hospital and 6 at home. It seems that this couple could be made much more comfortable if transferred to a smaller, more convenient Council dwelling rather than separating them by placing the husband in a Home

(iii) Widow, aged 80, living in a 1-roomed flat with no kitchen or bath and an outside lavatory She was fit and managed her housekeeping herself, having no domiciliary services but having her dinner at the O A P club on 5 days a week She said that she had never considered entering an Old Persons' Home permanently but was going to Buchanan House a holiday home later in the year for a short stay She really wanted to move to a Council house with an inside w c., and this would seem to be the best way of helping her

(iv) Widow of 64 living with her daughter, son in law and teenage grand daughter in a 4 roomed Council flat. She was crippled with rheumatoid arthritis and was being attended regularly by the District Nurse Her daughter did all the housekeeping although she was working full-time The informant said she was looked after very well by her family and knew of no application being made for her She did however, spend every Christmas and 2 weeks in the summer in a Home to give them a break The interviewer did not see her daughter who was out at work but said that the grandchild treated the old lady very kindly It may be however, that the daughter had made an application on her mother's behalf

(v) Widow, aged 87, living in a 2-roomed Council flat. She was almost blind and had a bad heart and was dependent on outside help for all her housekeeping, having a home help on 3 days, and meals-on-wheels on 2 others. Her doctor suggested she go into a Home and she thought that it would probably be for the best.

(vi) Widow, aged 77, living in a privately rented flat with no bath, but a kitchen and inside w.c. She had bronchitis and could not climb stairs; had a home help who did her shopping and housework but did her own cooking. Her doctor first suggested she apply for the Home because he thought she might have difficulty getting home help because of the scarcity. She said she would rather go into a Home than depend on her family who did very little for her and would accept a place in 'a nice Home in the country, but I won't go to the Rowans'. In the meantime she seemed to be happy and managing well enough with the home help.

The only person seriously in need of a place would seem to be (v), although (vi) would probably accept a place if it was available, and it is possible that the daughter of (iv) may be considering placing her permanently in a Home as she needs so much attention.

The 3 people on the waiting list who were in hospital were not interviewed but are much more likely to need places—we saw that 40% of those at present resident were admitted directly from hospital.

The waiting list being so out of date, any estimate based on it would be meaningless, and therefore an attempt must be made by examining the general population to see if there is a need.

6.3 NEED AMONG PEOPLE LIVING IN THEIR OWN HOMES

In this area there appears to be no one group of people who are clearly more likely to need residential places, by LA. criteria, except that residents are most likely to be over 70 years and are unlikely to be married as opposed to widowed or single. It must be remembered that going into a Residential Home is usually a voluntary action, and while it is possible for an Authority to get an order of removal, these powers are rarely invoked.

Filling residential places therefore depends on:

(i) People asking for places themselves, found to be needing them, and then agreeing to go.

(ii) The Authority finding people in need, and persuading them to go.

In the general sample of 968 people of retirement age interviewed in Dundee, there were only 8 men and 23 women who had ever thought of applying for a residential place, i.e., 2·4% of the elderly population. The chief reasons given were the need for care and attention, or for more company or because they did not want to be a nuisance to anybody.

A further examination of the questionnaires for these people revealed that only 9 of them were serious candidates for a residential place.

Of the others, 4 were no longer considering a Home as their circumstances had changed for the better, 10 were thinking of a possible need in the future when they might be less able but at present they were managing well enough, 5 would prefer to be rehoused, were capable of living on their own and were only thinking of Part III as a last resort, and 3 had only vaguely considered a Home and had no need.

There were therefore 3 men all in their 70s, and 6 women ages ranging from 64 to 84, who wanted a place

One of the men, aged 79, was living with his wife, daughter and son in law, and 4 grandchildren in a 5 roomed Council house, the son in law being the tenant His wife who was almost blind expressed no wish to move but he was crippled and frequently ill in bed and thought that they were becoming too much of a burden for his daughter Also with the grandchildren growing up the house would not be big enough for them all The daughter was worried that she could not manage if either of them became permanently ill and said that she herself should have gone into hospital the previous day but could not leave her parents As this couple could clearly not manage on their own the most suitable solution would seem to be to place them in a Residential Home together

The 2 other men, aged 70 and 72, were widowers and were thinking of going into a Home because they could not look after themselves One complained bitterly about his loneliness since his wife had died

The youngest woman, aged 64, was living on her own in an old person's bedsitter, her husband being in an Old Persons' Home She had difficulty doing her housekeeping seemed rather unhappy about things in general partly because her son and family never visited her, and thought that she would get fed and looked after better in a Home

Three women, aged 68, 69 and 79, mentioned that their main reason for wanting to go into a Home was for the company The 2 elder were housebound and had home helps, and the younger had suffered badly from nerves since her house was broken into and had difficulty looking after herself

One woman of 67 was the leaseholder of a house with all amenities and said she had no difficulties with housekeeping However she said she was not satisfied and could not settle down in her house and wanted to go where there was somebody to look after her She mentioned that there ought to be more Homes instead of long waiting lists, and obviously she would not be considered for a place while there are others more in need

The last case was rather more difficult The woman aged 84 lived separately in a converted part of the house owned by her daughter who was a widow with 4 children She said that she did her own cooking and house work without difficulty, but had had several internal operations as a result of which she was weak and housebound and could not manage stairs Her daughter had to work to maintain herself and she felt she needed someone with her all the time as she sometimes had bad turns They had consulted the Welfare Authorities about a place in a Home but had decided it was not suitable because all the bedrooms would be upstairs which she could not manage and also as a result of her operations she needed a special diet which she thought could not be provided This therefore seems to be a case where a residential place is appropriate but cannot adequately be provided in the present accommodation Nevertheless she has been included in the number of those needing places

There were therefore 8 people in the general sample who both wanted and would seem to be in need of a place in a Residential Home This is equivalent to about 210 people in the whole City We do not know how many of these eight people had applied for a place, but it seems likely as they all wanted to go into a Home they would be known to the Welfare Authorities

Of the sample of 56 residents interviewed, 23 were in hospital immediately before entering a Home, and of the other 33, 26 said they had wanted to become residents, i.e., 46% of those now in Homes were previously living in their own homes and chose to enter a Home.

As we have been able to examine only the latter section of the population, our estimate of 210 additional places would cover only 46% of the real need. A more realistic estimate of the number of additional places needed, including those for people discharged from hospital, is therefore likely to be in the region of 450.

COATBRIDGE L.B.
LANARKSHIRE

CONTENTS

I HOME HELP SERVICE

1 0

In Coatbridge, the Home Help Service is administered by the Welfare Department, although the M O H is still responsible for making the returns on the service, and he reports on it in his annual report The Home Help Organiser provided the requested information on the service on May 24th 1966

There were at the time 229 female home helps and 1 man They were all employed on a part time basis, the number of hours each worked varying from 6 to 28 per week, and averaging just under 13 During the previous week the total number of hours worked had been 2,932 286 cases were being helped at the time, of which 245 were elderly The Organiser estimated that 87% of the home helps' time was spent on the elderly

Recommendations for the service are accepted from doctors, Health Visitors, hospital medical social workers, voluntary workers and National Assistance Board officers, who have become, in Coatbridge, very conscious of the need and do a lot of referals A doctor's certificate is not usually required in the case of the elderly, the Home Help Organiser always visiting and assessing each case personally

1 1 ALLOCATION OF HELP

Help is allocated to elderly people who obviously have difficulty in managing who find it difficult to bend down, etc Need is the only criterion, income is no bar to receiving the service

An old person living with a son or daughter who is out at work can be allocated help, and in these circumstances there is no limit to the work the home help can do, as long as it is directed to keeping the old person comfortable and happy Help would not be allocated where the son or daughter is at home all day

1 2 DUTIES OF THE HOME HELP

The function of a home help is generally to carry out those household duties which will make the old person comfortable They may sweep dust, clean and polish, make fires and carry coal and make beds They may also do shopping, collect pensions, do small articles of washing or ironing operate the old person's own washing machine or go to the laundrette on behalf of the old person They may clean those windows which are easy and safe to reach They are not, for instance, supposed to clean the outsides of tenement windows, where to do so might be dangerous

The home helps may help old people to wash, bathe and dress themselves, and help them to go to the w c or empty chambers They may cook for the old person and wash up, and also, if required, do some sewing including making curtains They may read to an old person or write letters and, if they know how, do small household repair jobs such as mending fuses etc.

Home helps are not supposed to go into a house to do the spring cleaning, but when they are going regularly to an old person, they do wash down paintwork periodically They are not, however, supposed to do any gardening

1.3 CHARGE FOR THE HOME HELP SERVICE

There is a scale of charges laid down by the Burgh for the service, ranging from 3s. 6d. to 4s. 6d. per hour. A person assessed on the minimum pays 3s. 6d. per hour up to a maximum of 10 hours per week, so that the most anyone assessed on the minimum scale can be charged each week is 35s. Those assessed on the maximum are responsible for the employer's portion of the National Insurance charge. As the cost of employing a cleaner privately is usually less than the charge for a home help, and there is no shortage of domestic help in Coatbridge, the Organiser advises applicants assessed at the maximum to make their own arrangements. All applicants receiving National Assistance are assessed at the minimum rate and the National Assistance Board covers the full charge. The Organiser notifies the N.A.B. of the charge, and they in turn add that amount to the applicant's weekly allowance. The applicant then either pays the money direct to the office, or, as in most cases, gives it to the home help to pay in. In cases where an old person is not in receipt of National Assistance but is eligible for it, the Organiser arranges for them to get the allowance. In a few cases, however, where the applicant's income is just too high to qualify for National Assistance, but even on the minimum scale they cannot afford to pay for a home help, the Welfare Officer decides on a specially reduced charge. This is not advertised, nor is the N.A.B. told, because the latter may well expect all charges to be reduced.

The Organiser did not think anyone was put off from applying because of the charge, nor had any given up their home help because of it.

1.4 REVIEW OF NEED

The Organiser tries to visit the applicants as often as possible and she sees the home helps once a week when paying out their wages, when they report any changes in circumstances.

The service to old people is not usually discontinued because of other demands on the service. If it is, the applicant's doctor is not informed, only the N.A.B. Occasionally an old person will refuse to accept a new home help, if her 'own home help' has left for some reason, and in these circumstances there might be a break in the service until the applicant can be persuaded to accept a new home help. It is usually the policy to send the same home help to the same individual.

1.5 RECRUITMENT OF HOME HELPS AND CONDITIONS OF SERVICE

There is no restriction on the number of home helps that may be employed, and there is in Coatbridge no difficulty of recruitment because of the shortage of part-time work for women.

The home helps are paid on an hourly basis for the work they do; travelling time to and from home and between jobs is not paid for. The majority of the home helps only go to one case. The home helps do not receive any training, nor are they issued with any overalls, uniform or badges.

1.6 OFFICE STAFF

The service is entirely administered by the Home Help Organiser who is responsible for paying the home helps, calculating and collecting the applicants'

weekly charges and visiting and investigating cases She has a full time clerical assistant, who also does some visiting and the Organiser finds this amount of assistance adequate at present

2 0 INTERVIEWS WITH PEOPLE RECEIVING HOME HELPS

In order to see what the home help does to help elderly people and who was being helped a sample of elderly people currently having a home help was selected and an attempt made to interview them

2.1 THE SAMPLE

Two hundred and forty five persons of pensionable age were receiving the services of home helps (5% of the elderly population) A sample of 100 addresses was drawn from the files 3 addresses were ineligible as the house holder was either too young or no longer had a home help At 1 address the householder had died one month before There was 1 proxy interview which was later included in the sample for factual questions only

So the 96 remaining households contained 110 people for the factual ques tions and 109 people for the non factual questions

2.2 NUMBER OF DAYS AND HOURS PER WEEK SERVICE GIVEN

No one had the home help 7 days a week, but 47 people had her for 6 days a week Sunday being the day off The number of days a week elderly people had the services of a home help is shown in table 1

TABLE 1

Number of days a week home help calls

Number of days	Households		Persons	
	No	%	No	%
1	1	1	1	1
2	6	6	6	5
3	22	23	25	23
4	1	1	1	1
5	27	28	30	27
6	39	41	47	43
All visits	96	100	110	100

The number of hours per visit ranges from 1½ hours to 3½ hours a day The most usual length of stay is 2 hours (84%) as can be seen from table 2

TABLE 2

Length of time home help stays per visit

Length of time per visit	Households		Persons	
	No	%	No	%
1½ hours	6	6	7	6
2 hours	82	86	92	84
3 hours	7	7	10	9
3½ hours	1	1	1	1
All visits	96	100	110	100

The number of hours per week spent by home helps at households with elderly people in them is shown in table 3.

TABLE 3

Number of hours per week home helps assist elderly person households

Number of hours per week	Households		Persons	
	No.	%	No.	%
Up to 4 hours	6	6	6	5
5–6 hours	22	23	25	23
7–8 hours	1	1	1	1
9–10 hours	32	34	36	33
11–12 hours	29	30	33	30
13 hours or more	6	6	9	8
All visits	96	100	110	100

95% of the sample have a home help for more than 5 hours a week. 1 household has the home help for 1 hour a week and 5 for 4 hours a week. 35% of households have the home help for 12 or more hours per week, 5 of these having her for 18 hours a week. All those who had the home help for 12 or more hours per week had her coming 6 days a week and generally had difficulty managing any of the normal household tasks on their own.

2.3 DUTIES OF THE HOME HELP

In 93 of the 96 households replying, the home help did the dusting and polishing and cleaned the floors on the days she attended as will be seen from table 4.

TABLE 4

Tasks performed by home help

Tasks performed	Households		Persons	
	No.	%	No.	%
Dusting/polishing/sweeping, etc.	93	97	107	97
Cleaning floors	95	99	109	99
Shopping	60	63	71	65
Collecting pension	33	34	36	33
Going to laundry/laundrette	6	6	6	5
Doing some laundry in house	52	54	59	54
Laying fires/filling scuttles, etc.	62	83*	72	83*
Getting light meals	31	32	35	32
Making beds	56	58	65	59
Making tea or coffee	51	53	58	53
Washing up	65	68	76	69
Help wash/bathe	3	3	4	4
Clean windows	88	92	99	90
No. of households/persons	96	100	110	100

* Percentages based on the 75 households (87 persons) who had solid fuel fires.

Apart from the general household cleaning, laying fires and filling coal buckets was a 'popular' activity in households that had solid fuel fires. In 90% of cases the home help cleaned, or helped with cleaning, the windows, a far higher proportion than in any other area investigated.

Seventy six people said they did not need any more help, 2 did not answer the question, and of those who wanted more help, 25 wanted her to do jobs not already done, mainly spring cleaning, and 20 wanted her to spend more time on jobs she already did

2.4 TIME OF ARRIVAL

In 62 households the home help helps with fires but does not arrive in any household before 9 a m as can be seen from table 5

TABLE 5

Time at which home help starts work

Time of arrival	Households		Persons	
	No	%	No	%
9 a m -9 55 a m	34	36	38	34
10 a m -10 55 a m	40	42	46	42
11 a m -11 55 a m	9	9	11	10
12 noon-12 55 p m	5	5	5	4
1 p m -1 55 p m	2	2	3	3
2 p m -2 55 p m	2	2	3	3
Any time in morning	3	3	3	3
Any time during day	1	1	1	1
All times	96	100	110	100

In 11 of the households where help was given with the fires the home help did not arrive until 11 a m or later Asked if they had any difficulty on the days that the home help did not attend, 6 of the old people had difficulty, these being people where the home help attended for 5 or 6 days a week.

Only one of the old people who were not helped with the fires said that she needed any help with this, she said that her home help did not come early enough to do it, arriving at 11 a m

2.5 HOW OLDER PEOPLE MANAGE TO DO THINGS ON THE HOME HELPS' DAYS OFF

TABLE 6

How people manage to do things on the home helps' day off

How old people manage	Dusting polish ing sweep-ing	Clean ing floors etc	Shop ping	Making beds	Wash ing clothes	Meals	Making tea or coffee	Fires	Wash ing up
Doesn t need to be done	35	47	30	—	29	3	—	18	—
Leaves it/leaves part/just doesn t get done	35	41	3	23	8	1	1	2	5
Do it themselves—no d ff culty	19	14	18	28	3	17	49	26	52
Do it themselves—with difficulty	5	1	2	5	1	8	1	10	7
Done by someone else	13	6	18	9	18	6	7	15	12
No of people (excluding no answers)	107	109	71	65	59	35	58	71	76

In general the cleaning of floors is left or only partly done but just over a fifth do the dusting, etc. About a third just straighten their beds and leave the turning of the mattresses to the home help when she comes Making fires

and getting a meal are the two jobs people have most difficulty with on days the home help does not come.

2.6 JOBS NOT DONE BY THE HOME HELP

TABLE 7

How elderly people manage household tasks not done by the home help

How old people manage household jobs not done by home help	Shopping	Fires	Meals	Making tea or coffee	Washing clothes	Washing bathing	Making beds	Washing up
Doesn't need to be done	—	—	1	1	—	—	—	—
Leaves it/leaves part/just doesn't get done	—	—	—	—	6	—	—	—
Do it themselves—no difficulty	15	9	50	40	12	97	31	27
Do it themselves—with difficulty	5	2	4	1	8	4	6	1
Done by someone else	19	4	20	10	23	5	8	5
No. of people (excluding no answers)	39	15	75	52	49	106	45	33

Washing clothes either does not get done, or is done with difficulty by the elderly person in over a quarter of cases where it is not done by the home help.

3.0 THOSE HAVING HOME HELPS

3.1 SEX AND AGE

Of the 110 people of retirement age in the final sample, 79 were women (72%) and 31 were men (28%). In our general sample 32% of those of retirement age were male (33% Census 1966), so it seems that men are as likely to receive help as women.

Table 8 shows the age distribution of those receiving home help.

TABLE 8

Age distribution of men and women receiving home help

Age group	Men	Women	Both Sexes	
	No.	No.	No.	%
60–64	—	8	8	7
65–69	7	18	25	23
70–74	8	24	32	29
75–79	9	12	21	19
80–84	4	9	13	12
85 and over	3	8	11	10
All ages	31	79	110	100

Over 50% of the men are aged 75 or over, compared with just under 40% of women in this age group.

3.2 HOUSEHOLD COMPOSITION

55% of the people receiving home help lived alone as can be seen from table 9.

TABLE 9

Household composition of households having home helps compared with the general sample

Household Composition	Home Help Sample		General Sample	
	Households %	Persons %	Households %	Persons %
Old person l v ng alone	63	55	30	23
Old person l v ng with unmarried child	16	14	17	13
[illegible]	1	1	9	7
[illegible]	1	1	7	7
[illegible]	—	—	2	3
[illegible]	16	23	21	28
[illegible]	2	4	12	15
[illegible]	—	—	1	2
[illegible]	1	2	1	2
Nos on which % based	96	100	511	653

Obviously, when elderly people are living on their own, there is more chance of their needing a home help But a similar proportion of one elderly person living with an unmarried child is found in the home help sample as in the general population, confirming that this is no bar to being allocated a home help (see 1 1) Married couples are less likely to need a home help

3 3 MOBILITY

One person in the home help sample was bedfast permanently, 28 were house bound permanently, and 2 were bedfast temporarily (1 of these was usually housebound and the other usually went out) 1 person was housebound temporarily while the remaining 78 people were usually able to get out

Specific illnesses and accidents were the most usual reasons given for being housebound, closely followed by cardiac complaints and blindness

3 4 DOCTORS' ATTENDANCE

Thirty people saw their doctor regularly, 14 visiting the surgery and 16 being visited by the doctor The remaining 80 people only saw the doctor when necessary This is discussed further in 3 7

3 5 OTHER WELFARE SERVICES

(a) Meals-on-wheels

There is no meals on wheels service operated in Coatbridge but it may be of interest to note the opinions of G P s on the need for this service G P s in 8 of the 9 practices interviewed thought that they had a number of patients who would benefit from meals on wheels, the estimates of numbers of persons ranging from 6 to 1,000 We have pointed out that getting meals is one of the tasks recipients can do for themselves only with difficulty

(b) District Nurse

The District Nurse was calling on 13 of the sample (12%) compared with 3% of the general sample The help given is listed below —

	Home help	General
Blanket baths, washing and cutting toenails	4	3
Injections	6	10
Dresses wounds, sores, etc.	2	1
No treatment, just checks	—	3
No answer	1	—
	13	17

The District Nurse had been attending the 13 people in the home help sample for varying lengths of time as shown in table 10.

TABLE 10

Length of time District Nurse has been attending patients

How long District Nurse has been attending	Home Help Sample	General Sample
Less than 3 months	1	6
3 months but less than 6 months	—	1
6 months but less than 12 months	1	1
1 year but less than 2 years	4	4
2 years but less than 3 years	2	—
3 years but less than 5 years	1	1
5 years but less than 10 years	2	2
10 years and over	1	1
Vague/don't know	1	1
Those who District Nurse calls on	13	17

The District Nurse had generally been calling on those in the home help sample for a longer period than those in the general sample. It would be interesting to see if those in the home help sample had the District Nurse before or after getting the home help.

Six of those receiving home help had the District Nurse call before they had a home help, 2 had the home help and District Nurse at about the same time, and 5 people had the District Nurse starting to call some time after the home help started.

Those having the District Nurse call were asked how long she stayed; the answers are detailed in table 11 below.

TABLE 11

Length of time District Nurse stays on each visit

How long District Nurse stays	Home Help Sample	General Sample
0–10 minutes	7	5
11–20 minutes	1	6
21–30 minutes	3	2
31–60 minutes	1	2
No answer/Don't know	1	2
Those who have District Nurse	13	17

(c) Bathing service

There is no bathing service operated by enrolled nurses in Coatbridge but a majority of the G.P.s thought it a good idea as it would take some of the pressure off the District Nurse.

(d) Chiropody

Thirty four of the home help sample (31%) were receiving welfare chiropody treatment, and 3 people were being treated privately

In the general sample 15% used the welfare service while 11% went privately Thus although there is not a large difference in the total proportions of people having treatment, almost all the home help sample used the welfare service compared with just over half of the general population

The frequency of treatment is detailed below in table 12.

TABLE 12

Frequency of treatment of elderly people receiving welfare and private chiropody

Length of time between treatments	Home Help Sample			General Sample			
	Welfare		Private	Welfare		Private	
	No	%	No	No	%	No	%
Up to 1 month	7	21	1	7	7	15	20
Over 1 month up to 2 months	15	44	1	49	49	15	20
Over 2 months up to 3 months	8	23	—	32	32	9	12
Over 3 months up to 6 months	2	6	—	3	3	17	23
Over 6 months up to 12 months	—	—	—	3	3	7	10
No set time	2	6	1	6	6	11	15
No on which % based	34		3	100		74	
No having chiropody	37			174			

In the general sample, those having welfare chiropody have more frequent treatment than those having private treatment although a higher proportion of private patients go as often as once a month The frequency of treatment of the home help sample is slightly higher than that of the welfare patients in the general sample

Whether this amount of treatment is satisfactory is examined in table 13

TABLE 13

Whether those having private or welfare treatment have trouble between visits

Do you have trouble with your feet so you would like to go more often?	Home Help Sample			General Sample			
	Welfare		Private	Welfare		Private	
	No	%	No	No	%	No	%
Trouble would like to go more often	7	21	—	15	16	17	24
Trouble would *not* like to go more often	1	3	—	7	7	2	3
No trouble would like to go more often	1	3	—	2	2	—	—
No trouble would *not* like to go more often	24	73	2	72	75	52	73
No on which % based	33		2	96		71	
No having chiropody	35(1)			167(2)			

(1) Excludes 2 people not answering
(2) Excludes 7 people not answering

There is no significant difference in the proportions of patients having trouble who have private compared with welfare treatment in the general sample (Since there are only 2 home help sample having private treatment, it is not possible to make a comparison)

When we look at the original data we find that those who have trouble between visits in fact are treated slightly more frequently [58% of those in the general sample having trouble have treatment at least once every 2 months compared with 48% of those who report no trouble].

(e) Health Visitor

Three of the 110 people in the home help sample had the Health Visitor calling, compared with only ½% of all old people in Coatbridge.

(f) Visiting services

Seventeen people had 'friendly' visits from the welfare.

3.6 FINANCIAL POSITION OF THOSE HAVING HOME HELPS

Sources of income

The sources of income of people of retirement age having home helps are compared with those in the general sample in table 14.

TABLE 14

Sources of income of those having the services of a home help compared with all people of retirement age

Sources of income	Home Help Sample		General Sample	
	No.	%	No.	%
Wages/salary	11	10	142	22
Retirement/O.A.P.	106	96	542	84
National Assistance	102	93	260	40
Other Government grants and pensions	9	8	69	11
Private/firms pensions	19	17	177	27
Rents	—	—	7	1
Interest on shares, etc.	—	—	48	7
Income from charities	1	1	—	—
Other sources	—	—	8	1
No. of people on which % based	110	*	648(1)	*

(1) Excludes 5 people who did not answer.
* Percentages add to more than 100 as some people had more than one source of income.

It can be seen from table 14 that a very high proportion (93%) of those receiving home help also receive National Assistance. Generally those receiving National Assistance have incomes in the lower brackets which would suggest that the actual income of those having a home help is lower than that of those not receiving the service. This is examined in table 15.

TABLE 15

Income of those having the services of a home help compared with incomes of the general sample of old people

Income per week	Single income				Joint income			
	Home help sample		General sample		Home help sample		General sample	
	No	%	No	%	No	%	No	%
Less than £4	—	—	6	2	—	—	—	—
£4–£4 19s	1	1	134	39	—	—	1	*
£5–£5 19s	12	16	80	24	—	—	—	—
£6–£7 19s	59	79	73	21	—	—	54	19
£8–£9 19s	2	3	20	6	23	72	97	34
£10–£14 19s	1	1	18	5	9	28	89	31
£15 £19 19s	—	—	7	2	—	—	36	12
£20 and over	—	—	2	1	—	—	12	4
Nos on which % based (excluding no answers)	75		340		32		289	

*Less than 0 5%

It would have been expected that more of the home help sample would have fallen into the lowest income brackets, but 41% of the general sample with single incomes have less than £5 a week compared to only 1% of those with home helps Similarly, 19% of the general sample with joint incomes *(mostly married couples) have less than £10 per week, there being none in this* group in the home help sample This may be because the National Assistance grant to those with home helps moves them up one income group

In the general sample however, there are larger proportions of those in the higher income groups [8% compared with 1% single incomes of £10 or more, 16% compared with no joint incomes of £15 or more]

—

Amount paid for home help

All but eight of the informants were receiving National Assistance and were therefore having the charge for the home help refunded Of those not receiving the grant, 1 old lady who had only the old age pension was also receiving the service free, 1 single person and 1 married couple were paying 5 to 6 shillings, and 1 single person and 2 couples around 10 to 11 shillings a week. None had any difficulty in paying these charges

There was no difference in the number of hours allocated to those with or without National Assistance

3 7 MOBILITY OF OLD PEOPLE HAVING HOME HELPS

Comparing the home help sample with the general sample it is found, as would be expected, that a much higher proportion of those getting home helps are housebound

TABLE 16

Mobility of those having home helps compared with the general sample

Mobility	Home help	General
	%	%
Bedfast permanently	0·9	0·3
Bedfast temp.—usually housebound	0·9	0·1
Bedfast temp.—usually goes out	0·9	—
Housebound permanently	25·4	7·8
Housebound temp.—usually goes out	0·9	3·1
Usually goes out	71·0	88·7
Nos. on which % based	110	653

A quarter of those receiving home help are housebound permanently compared with 8% of the general sample; 89% of the general sample usually went out compared with 71% of the home help sample.

Further evidence of the comparative lack of mobility of those with home helps may be obtained by examining the capacity for self help in the two samples.

TABLE 17

Comparison of the proportion in the home help sample having difficulty in performing given functions, compared with the general sample

Difficulty with:—	Home help	General
	%	%
Going out of doors on own	52	19
Getting up and down stairs on own	66	35
Getting about house on own	16	6
Getting in and out of bed on own	8	6
Washing themselves	7	4
Bathing	52	14
Dressing	11	5
No. on which % based	110	653

It can be seen from table 17 that those in the home help sample have much more difficulty in helping themselves than do those in the general sample. One would therefore expect the home help sample to be visited by their doctors more often than other elderly people, and this is confirmed by table 18.

TABLE 18

Doctors' attendance on those receiving home helps as compared with the general sample

Doctors' visits	Home help	General
	%	%
Subject visits doctor regularly	13	9
Doctor visits subject regularly	14	4
No regular visits	73	87
No. on which % based	110	651(1)

(1) Excludes 2 not answering.

Table 18 shows that in Coatbridge, G P s see those receiving home helps more regularly, although table 19 shows that these regular visits are not as frequent as those in the general sample with regular attendance

TABLE 19

Frequency of visits for those seeing doctor regularly

Frequency of visit	Home help	General
	%	%
At least once a week	4	12
Every 2 or 3 weeks	10	14
Once a month	62	46
Over 1 month up to 2 months	17	19
Over 2 months up to 3 months	7	6
Over 3 months	—	3
Nos on which % based	29(1)	86

(1) Excludes 1 not answering

Where the doctor was not seen regularly, informants were asked when they had last seen their doctor 15% of those having home helps had not seen their doctor for over a year (27% of the general sample) but 13% had seen him in the past week (9% of the general sample)

40 ELDERLY PEOPLE IN THEIR OWN HOMES—GENERAL SAMPLE

The general sample (653 persons of retirement age in Coatbridge) were asked who did most of the cooking shopping and housework in their households

TABLE 20

Person responsible for most of cooking, shopping and housework

Person responsible for	Cooking %			Shopping %			Housework %		
	Men	Women	All	Men	Women	All	Men	Women	All
Self	19	83	63	20	66	52	13	64	48
Spouse	57	2	19	44	5	18	44	3	16
Joint self/spouse	2	2	2	7	4	5	5	4	4
Child (in law) in household	12	7	9	14	12	12	16	12	13
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	4	5	5	5
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	4	6	3	4
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	2	3	*	1
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	*	*	*	*
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	2	1	1	1
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	4	6	6
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	*	3	2	2
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	653	203	450	653

*Less than 0 5%

Only 2% of the sample depended on outside help for most of their cooking but 9% had to rely on this for their shopping

6% of the general sample had a home help and all but one had her doing most of the housework 9% were dependent on other outside help

Over 80% of the sample did their cooking themselves or with their spouse, about three-quarters did the shopping, and two thirds the housework

Difficulty in doing cooking, shopping and housework

Where elderly persons did most of their own household tasks, they were asked if they could do them without difficulty. Only 2% of the elderly people responsible for their own cooking encountered difficulty—the main difficulty being that they were too tired to cook every day. Of those responsible for most of their own shopping 9% had difficulty—mainly with heavy shopping (60% of those answering) and walking to the shops (30%). Most difficulty was encountered by those responsible for their own housework (13%)—the difficulty generally being with bending and kneeling (66%) and heavy jobs (25%).

4.1 NEED FOR HOME HELPS

In Coatbridge it is not necessary for a doctor's certificate to accompany every application for a home help, but general practitioners do recommend patients, and their opinions were therefore sought on the need for the service.

Doctors representing 9 practices in the town were interviewed, only 1 of whom thought he had patients who did not have home helps but needed them. He said he had about 6 patients who, because they had some savings, would have to pay for the service, and were therefore not applying. Another G.P. also thought that cost was preventing a few old people from applying for home help, or for more hours from their present help.

When asked their opinion on ways of improving the service, the chief comment was on the need for home helps to spend more time with the old people and for their hours to be more flexible.

We saw, however, in table 18 that only 13% of old people saw their doctor regularly, and table 21 shows that 41% of the others had not seen him for at least 6 months previously. This means that at least a third of all old people in Coatbridge had not been seen by their doctor in the last 6 months, and nearly a quarter had not been seen for over a year. For this reason, the estimates of doctors may not give a true picture of the need for the service.

TABLE 21

When elderly people not regularly seen by the doctor, were last seen by him

When last visited	Persons of retirement age not seen regularly by the doctor	
	No.	%
In the last 2 weeks	80	14
Over 2 weeks and up to 1 month ago	53	10
Over 1 month and up to 2 months ago	57	10
Over 2 months and up to 3 months ago	60	11
Over 3 months and up to 6 months ago	74	14
Over 6 months and up to 1 year ago	76	14
Over 1 year and up to 2 years ago	66	12
Over 2 years and up to 5 years ago	42	8
Over 5 years and up to 10 years ago	18	3
Over 10 years ago	24	4
No. of persons on which % based	550(1)	100

(1) Excludes 15 not answering.

The need for home helps is likely to depend mainly on whether the elderly person is able to get out and about and, if not, whether there is anyone else either living within or outside the household, who helps If no one helps and they are mainly responsible for carrying out the duties themselves, can they do so without difficulty?

It has been shown that a higher proportion of elderly people who were not able to get out and about at the time of the survey needed home helps than did others We shall now examine household composition as another factor contributing to the need for home helps

We saw in table 9 that a much higher proportion of home help recipients than the elderly population in general lived alone This would seem to indicate that where an old person is living alone, there is a greater need for home helps

Those not usually able to get out and about

There were 54 people in this category, in households as follows —

[illegible]	7
[illegible]	23
[illegible]	6
[illegible]	4
Couple living alone	10
Couple living with their child(ren)	4
	54

Four of those living alone had home helps the home helps doing most of the shopping and housework and in 1 case most of the cooking One of the 4 was a woman of 77 who seemed in very poor health with rheumatism and failing sight and she had a great deal of trouble getting a proper meal every day The home help was able to give her some assistance with this but not enough this woman really needed to have a meal provided if she was to stay in her own home, which she wanted very much to do

Of the 3 living alone who had no home help 2 were given help by children and grandchildren outside their households but 1 man aged 76 had considerable difficulty getting about, found heavy housework difficult, had no source of help and would therefore benefit from the service

Of those living with children, only 1, a woman of 79 living with 2 sons who were working full time, had a home help She also got assistance from a daughter outside the household If the others had difficulty with any house work they had their children to help them However, 1 woman of 70 who had great trouble with all movement could not manage to cook for herself when her daughter was at work during the day time and would benefit from the provision of meals Another lady of 75, crippled with arthritis was cared for by daughters who had a bus journey to get to her and their own families to look after (the daughter in the household was working full time) She said she had been refused help, being told that it was her daughters' duty to help her, but seems in need, both of home help and meals on wheels

Of the remaining 10 'single' people living with other relatives or friends 2 had a home help the rest usually not being responsible for the housekeeping, or being able to manage that part which fell to them

Elderly couples, one or both not able to get out

There were 10 elderly couples living on their own [in each case 1 person being housebound, the other able to go out]. Two of these had a home help. The other 8 couples were able to help each other sufficiently or were getting assistance from family outside the household.

The 3 couples, in 1 case both husband and wife being housebound, who lived with children were looked after completely by these children.

Therefore among those who were not normally able to get out and about, there was a need for:

Home helps for 2 households
Meals-on-wheels for 3 persons

Those able to get out

There were 599 elderly people in our sample usually able to get out, in households as follows:—

	No. of persons	No. of households
Old person living alone	144	144
Old person living with child(ren)	108	108
Old person living with others 64 and under	43	33
Old person living with others 65 and over	19	9
Couple living alone	174	106
Couple living with child(ren)	102	66
Couple living with others 64 and under	9	5
	599	471

Of those living alone, 18 had home helps, all of whom reported no difficulties.

Of those living alone without a home help, 2 had difficulty with shopping and housework, 3 with shopping only and 9 with housework only. Those having difficulty with shopping were helped by their children. Of the 11 having difficulty with housework, five had small problems which they could overcome themselves or with help from relatives, but 6 seemed to need some help, all having difficulty with movement and finding the housework too much to manage on their own.

Of those living with children only 6 had a home help, these living with sons or daughters who were working full-time. One was a woman, living with her two sons, who had just returned from hospital after an operation. The home help had just started attending her, and although she said she still needed help with the upstairs rooms, it may be that the home help's work had not yet been fully arranged.

Few of the other informants living with children were responsible for any housework and none of those that were had any major difficulty doing their share of the work. However, 1 lady of 83 suffering from dizzy spells was alone during the day when her daughter was out at work and could not cook for herself.

An examination of the 42 households containing single old people living with others showed that none of them needed home help, because in such cases the younger or more agile person deals with the housekeeping.

Of the 106 elderly couples living alone only 2 had home helps, neither reporting any difficulty. Of those with no home help, only 1 couple seemed

to need it, the husband being ill, and the wife saying that she quickly got tired doing the housework In all other cases, when one person had any difficulty, the spouse could assist

Similarly we found no need in the sample among those couples living with their families, emphasising that most need is to be found among those living alone who have difficulties and no help readily available

Thus for those able to get out and about, we found a need for

Home helps for 7 households
Meals-on wheels for 1 person

It can thus be estimated that the total need in Coatbridge is

–	In sample (653 persons of retirement age)	In Burgh of Coatbridge (5,690 persons of retirement age—Census 1966)
Home helps	9 households	80 households
Meals-on wheels	4 persons	35 persons

The most urgent need for home helps for those not able to get out and about would be in 15 households

The above is an indication of the need for a meals on wheels service in the Burgh They are required mainly by those old people who are able to get sufficient help with housework to enable them to stay in their own homes but do not have anyone on hand all the time to prepare them a good meal every day

Only one of the persons whom we considered needed help said that she might refuse this help, her reason being that she would not be able to afford it 4 of the 9 households did not think themselves that they needed help

When the informants were asked themselves if they thought they needed a home help, 30 persons representing 25 households thought they did, of whom only 5 were included in our estimate Of the other 20 households, 10 appeared from the information obtained to be managing adequately, and 5 were thinking of a possible future need or a heavy job for which they occasionally needed help

Five of the households, however, would seem in need of a home help These cases did not come up in the original estimate because we examined only the old people who had to do their own housework and had difficulty Here the difficulty is experienced by those on whom the old person is dependent. The old people all needed a large amount of help which was provided by relatives and neighbours outside the household or by children who were working during the daytime One said that her daughter had had to give up her job to look after her, and wished that she could be employed by the Council as her home help Thus although these old people are being looked after and their need is not so urgent, there would seem to be a case for providing help This would increase our estimate to 120 households in Coatbridge requiring a home help

An estimate based on the demands of the old people themselves [i e, the 25 households who said they would like help] would give a figure of 220 households, almost double our estimate based on the ability of older people to care for themselves

II HOUSING FOR OLDER PEOPLE

The Deputy Housing Factor and other members of the Factor's staff provided the requested information on May 23rd 1966.

1.0 PRESENT POSITION

There is no purpose-built housing restricted only to elderly people, and no warden-supervised housing. Elderly people are housed mainly in 2-room flats and bungalows of which there were 914 at the time. 105 of these were in multi-storey blocks of flats. A few elderly people are housed in 3-room flats. These are mostly couples who want a spare room for a son or daughter to stay on occasions. It was not known how many of the 2- or 3-room dwellings were occupied by elderly people.

Although there were no warden-supervised schemes, there were 2 special schemes which were used mainly for the elderly.

(1) In Manse Avenue, Kirkwood Estate, there are twenty-four 2-roomed self-contained flats with a communal room, which was furnished and equipped with TV by the Welfare Department. There is a caretaker who keeps an eye on the tenants, but no call-bell system. Gas fired background heating is provided from a central source at a cost of 1s. per week to each tenant.

(2) Gartsherrie Hostel for Women and Bargainsholme Hostel for Men. In the Gartsherrie Hostel there are 16 self-contained 1-room flats (each with own w.c., kitchen and bathroom), a caretaker's flat and a communal room. In Bargainsholme Hostel there are 15 1-room flats, which have their own kitchen and w.c., but communal bathrooms, and a caretaker's flat. The rents of the flats in the hostels are particularly low, about 15s. per week, including rates, plus 6d. per week for all electricity.

1.1 WAITING LIST

There are 4 separate waiting lists, one of which is now closed.

(1) **Long-term ratepayers.** People who have been paying rates in Coatbridge for 30 years or longer are eligible to put their names on this waiting list. Because of the time element, most people on this waiting list are elderly.

(2) **Point Scheme.** This is the normal waiting list. Anyone can put their names on the list, but consideration is only given to those who have lived in the Burgh for 10 years or more. Points are given for old and unfit houses, lack of facilities and for overcrowding. Health points for T.B., war disability and for permanent illness are awarded at the discretion of the M.O.H. Some points are also awarded for war service. Sub-tenants are not usually entitled to points on the condition of the house, but get a point for each year of sub-tenancy. No points are allocated for length of time on the waiting list, but points will not be increased solely by reason of a person moving from one house to another, i.e., people cannot deliberately worsen their housing conditions. Most young couples put their names on the waiting list as soon as they are married.

(3) **Intermediate Waiting List.** There are approximately 1,000 houses built between 1919 and 1923 and these are referred to as intermediate houses. People could, until February this year, opt to put their names on the list for these or on the Point Scheme waiting list. Allocation to the Inter-

mediate Waiting List is on date of application Because of the very few vacancies occurring in the intermediate houses most passing from father to son the waiting list for them was closed in February 1966[1] Anyone refusing an offer of an intermediate house is moved back two places on the list after the first refusal and taken off the list after the second

(4) **Hostels Waiting List** There is a separate waiting list for the two hostels *mentioned above Consideration is only given to Coatbridge residents of* at least 10 years standing and allocation is on date of application Because of the low rents and the very few vacancies occurring there is a long waiting list for the 2 hostels particularly the women s hostel During the two previous years there were only 3 vacancies in the hostels all in the men s hostel Bargainsholme

1 2 ALLOCATION OF ACCOMMODATION

Apart from the hostels and intermediate houses accommodation is allocated as follows — 70% to persons from clearance areas (if they have been married for 4 years or more they are eligible for new houses if less only for a re let) 20% to people from the Point Scheme waiting list 5% to the long term rate payers waiting list and 5% to Council tenants who have been granted tenancies to other houses on account of extenuating medical circumstances

It is the Council s policy to offer elderly tenants in large houses smaller accommodation as their family size decreases but there is no compulsion With the demand for smaller accommodation for people in clearance areas it is not always possible to offer it to existing tenants Tenants do frequently ask to move themselves and there were at the time a number waiting for a transfer to 2 room accommodation as follows

Three single people in 5 room accommodation
Twenty five single people in 4 room accommodation
One hundred and one single people in 3 room accommodation
Four couples in 5 room accommodation
Sixty eight couples in 4 room accommodation
One hundred and fifty one couples in 3 room accommodation

1 3 CONDITIONS OF TENANCY

Tenants are responsible for all internal decorations during their tenancy The Council does the external redecorations and is responsible for all repairs. Where *however necessary repairs are due to negligence or misuse* of appliances the cost of such repairs is charged to tenants On a change of tenancy the Council allows the new tenant 2 weeks free rent and rates in lieu of any redecoration deemed necessary by the new tenant All property which was built 20 years or longer ago is completely re wired on a change of tenancy

1 4 FUTURE PLANS

The Housing Department was not aware of any plans for providing special housing for the elderly in the future The normal housing programme incorporated plans for providing 2 room dwellings which would in the main be used for the elderly

[1] In February 1968 this l st had been d spensed with altogether and the intermediate houses were included in the general pool of houses

2.0 THE SAMPLE

A sample of 1 in 2 of all elderly person households who had been rehoused since 1964 was selected, giving 84 names and addresses.

At 6 of these addresses, the named persons were found in fact to be under 60 years and were therefore ineligible, and 2 houses were not occupied by the named persons.

At 2 addresses the occupant was away from home and at 2 others no contact could be made after several visits. At 3 further addresses the interview was refused.

The final sample therefore consisted of 69 households, in which altogether 83 persons aged 60 and over were interviewed.

2.1 AGE AND MARITAL STATUS

The present ages of the men and women interviewed are shown in table 1.

TABLE 1
Present age of those rehoused

Age	Men	Women	Both sexes
60–64	3	18	21
65–69	10	18	28
70–74	7	13	20
75–79	1	6	7
80–84	1	6	7
All ages	22	61	83

Table 1 shows that a higher proportion of women than men are rehoused, but that there are no significant differences in the ages at which men and women are rehoused. A high percentage of both sexes (59%) are aged under 70.

There were 14 married couples among those interviewed plus 3 women and 1 man who were married but their spouses not interviewed (3 were too young and 1 was a non-contact). Of the other informants, 44 were widowed (6 men, 38 women) and 7 were single (1 man, 6 women).

2.2 HOUSEHOLD COMPOSITION

Of the 18 married couples in the sample, 15 lived by themselves before being rehoused and 3 with their children; 1 of these still had their 36-year-old daughter living with them.

Nine old people were now living with unmarried children, 1 with a younger cousin and 1 with a grandchild, this being the same situation as before they moved. In addition, 1 son had moved in with his mother when she was rehoused.

The remainder of the rehoused sample (37) were now living alone. Of these, 31 had also lived on their own before being rehoused, 3 had lived with their spouse who had died since the move, 1 with a son whose marriage caused her to think of moving, and 1 man had been a boarder in a lodging house. The remaining person was a woman who had worked in an Old People's Home and needed somewhere to live on retirement.

2.3 LENGTH OF TIME LIVING IN COATBRIDGE BEFORE BEING REHOUSED

Only 1 person had lived in Coatbridge for less than 20 years This woman had lived in the town for only 3 years but had had to be rehoused because of slum clearance

3 0 PREVIOUS ACCOMMODATION

3 1 LENGTH OF TIME IN ACCOMMODATION PRIOR TO REHOUSING

Only 2 people had been living in their previous accommodation for less than a year but 12 had been there for less than 3 years Over three quarters of those interviewed had been at their previous address for 10 years or more

3 2 *TYPE OF DWELLING AND AMENITIES OF PREVIOUS ACCOMMODATION*

(a) Ownership/tenancy

Table 2 shows the tenancy position of households and persons immediately prior to rehousing

TABLE 2
Tenancy of previous dwelling

Tenancy of previous dwelling	No of people aged 60 or over	No of households
Owner occupier	4	2
L.A tenant	36	28
Rented, not Council	41	37
Boarder	1	1
Lived rent free	1	1
All tenancies	83	69

The largest number of those rehoused came from privately rented accommodation 43% had previously been in other Council accommodation but in Coatbridge 74% of those in the general sample of people of retirement age were living in Council accommodation, nevertheless a rather higher proportion of Council tenants were rehoused since 1964 than would have been expected from the stated bases of allocation of properties However, some of the L.A tenants had been rehoused because their prefabs were demolished to be replaced by more permanent buildings

(b) Amenities

As would be expected all those who had lived previously in other Council accommodation had had sole use of a kitchen, bathroom and w c. Of the 2 couples who were owner occupiers, 1 had sole use of all three amenities and 1 had no bath The lack of amenities was almost confined to those who had previously lived in privately rented housing None of these 41 people had had the sole use of a kitchen bathroom and w c., 25 had only had a kitchen, and 5 had not had sole use of any amenities

Lack of amenities would therefore seem to contribute to the need for rehousing In the rehoused sample 12% lacked sole use of a kitchen [compared to 3% of the general sample] 39% lacked sole use of a w c. [8% general sample] and 53% lacked sole use of a bath [13% general sample]

4.0 ACCOMMODATION AFTER REHOUSING

4.1 TYPE OF ACCOMMODATION

Of those who lived alone, 18 lived in L.A. old people's 1-bedroom flats, 2 in old people's bedsitters with a caretaker, 18 in ordinary blocks of Council houses and 1 in a bungalow. 9 of the old people living with children or relatives were in ordinary L.A. accommodation and 3 in purpose-built 1-bedroom flats.

Of the married couples, 9 were living in 1-bedroom flats, 8 in ordinary Council flats, and 1 in an old person's bedsitter with a caretaker.

4.2 HEATING

Thirty-eight (55%) of the dwellings were equipped with central heating and 6 had electric floor warming, but in all but 3 the occupants sometimes used an electric fire as well. 17 households (25%) had solid fuel fires, only 2 of these having an electric fire as well; 7 used electric fires exclusively and 1 had a gas fire.

Two of the households had only recently moved into their flats and had therefore not experienced any cold weather. Of the others, 59 (85%) said they were usually warm enough in winter, but 8 sometimes felt cold, most of them saying this was due to draughts, but 2 saying they could not afford to use more fuel.

4.3 DISTANCE MOVED FROM PREVIOUS DWELLINGS

Sixty-one (73%) of the informants had moved a distance less than a 15 minutes' journey away from their previous homes, 18 (22%) had moved between a quarter and half an hour away, and 4 had moved farther than this. Of the 22 who were more than 15 minutes away, 2 said they had thought of refusing the accommodation given because they wanted to be nearer their old homes. One of these was now satisfied, but the other felt that she was too far away from the town centre and her friends, and said that the bus fare to town was too expensive.

5.0 DID REHOUSED WANT TO MOVE?

Forty-seven informants said they had wanted to move, 32 had to move and 4 both had and wanted to move.

TABLE 4
Reasons for moving

Reasons for moving	Had to move	Wanted to move
Lack of amenities	—	11
Slum clearance	31	—
Health reasons	3	12
Financial reasons	—	3
Pressure from family	1	2
House/garden too big	—	9
House in bad condition	—	6
To be nearer children/relatives	—	2
Wanted different location	—	5
Other answers	1	5
All reasons	36	55
No. of people	36	51

86% of those who had to move did so because of slum clearance The most usual reasons mentioned by those wanting to move were bad health, lack of amenities, and wanting a smaller house These reasons will be examined more closely in section 10

6 0 LENGTH OF TIME ON THE WAITING LIST

The length of time informants had been on the waiting list before being rehoused is shown in table 5

TABLE 5

Length of time on the waiting list before being rehoused

Length of time	Had to move	Wanted to move	All persons
Never	23	4	27
Less than 3 months	1	2	3
3 months but less than 6 months	1	5	6
6 months but less than 1 year	1	5	6
1 year but less than 2 years	—	5	5
2 years but less than 3 years	1	3	4
3 years but less than 4 years	1	—	1
4 years but less than 5 years	—	2	2
5 years but less than 6 years	—	4	4
6 years but less than 10 years	3	5	8
10 years or more	4	11	15
All lengths of time	35(1)	46(1)	81

(1) Excludes 1 person not answering in each case

As would be expected, those who had to move spent much less time on the waiting list than those who wanted to move Two thirds of those who had to move were never on the waiting list compared to only 9% of those who chose to move Half of those who had wanted to move waited less than 3 years, but a quarter waited 10 years or more

When we compare the time spent on the waiting list of previous L A and all other tenants an equal proportion of both groups (33%) were never on the waiting list but rather more of the non Council tenants had been on the waiting list for longer periods, 14 have waited 10 years or more compared with only 1 of the Council tenants

7 0 WARDEN SUPERVISED ACCOMMODATION

As mentioned previously, there is no warden supervised accommodation for old people in Coatbridge, but there are 3 schemes with caretakers and communal rooms We interviewed one couple living in Manse Avenue, and a man and a woman living in each of the hostels they were not noticeably less able in any way than the rest of the sample

8 0 OTHER WELFARE SERVICES

Table 6 shows the number of people receiving welfare services before and after rehousing

TABLE 6

Number of people receiving welfare services

Welfare service	Before rehousing	After rehousing
Home help	12	11
Health Visitor	2	1
District Nurse	3	5
Welfare chiropody	13	23

Almost twice as many used the welfare chiropody service after rehousing, but there is little evidence that other health and welfare services were used more after rehousing.

9.0 VIEWING THE ACCOMMODATION AND MOVING

A much higher proportion than we have found in any other area in England or Scotland, 53%, were shown over the flat by the Factor or another person from the Housing Department. 6 people had not seen their new flat until the day they moved in, mostly because they were housebound, but in these cases the house was viewed for them by a relative. 20 people (24%) had been given the keys, and gone alone to see the flat and 13 (16%) had gone with friends or relatives.

Twenty-seven people (33%) said that their tenancy had started within a week of their accepting an offer of accommodation, 48 (58%) had up to 3 weeks, and 5 had longer than this [3 people did not answer]. 16 persons said they would have liked more time in which to make arrangements, but only 2 had actually asked for this, both requests having been turned down.

9.1 DIFFICULTIES WITH THE MOVE

Only 2 of the rehoused said they had any difficulty with getting mains services laid on in their new home; 1 of these was helped by her children, but the other had no help. 19% of the sample did not know they could have had access to the accommodation before the tenancy started to make measurements, etc. Of these, 1 had paid a week's rent before she moved in so she could get things arranged first, but the others left measurements until they had moved or got someone else to do it for them.

When it came to the actual move, 78 people (94%) were assisted by children, other relatives or friends; of the 5 who had no help, no one had any difficulty.

10.0 ASSESSMENT OF HOUSING NEED ON LOCAL AUTHORITY CRITERIA FOR REHOUSING

The criteria for rehousing used by the Factor's department were set out in section 1.1.

We will examine the reasons given for their move by the rehoused sample to see how these apply in practice.

(a) Slum clearance and redevelopment

Twenty-six out of the 69 households (38%) said that they had had to move because of clearance schemes. 18 of these had been in privately rented property, the other 8 in Council prefabs which were being pulled down and replaced by permanent buildings.

(b) Other Council tenants

Twenty households had already been Council tenants before they had moved to their present house, but this is not very surprising when we remember that 74% of all elderly people are in Council houses anyway 9 of these said they had wanted to move because their previous dwelling was too large (most of them having moved from 4 or 5 rooms to a 2-roomed flat) 5 had been on the waiting list for a year or less, and 4 for 4 years or more 2 persons were housebound at the time of interview

Eight households had had to move because due to poor health they could not manage the stairs either in or up to the entrance of their previous house All except one, who was rehoused in a block of flats with a lift, were now in ground floor flats Half of them mentioned that they had had the doctor's support for their application, and 5 had been on the waiting list for a year or less

Two women, one aged 63 and the other 67, had moved to be nearer their children, one being housebound and her daughter doing a lot to help her Neither had had to wait long to be transferred

The last case was a married couple who had lived with their daughter, son in law and grandchildren in a 5 roomed Council house They had had to move because of overcrowding

(c) All other tenancies

Of the remaining 23 households, 2 had been owner occupiers, 19 had lived in rented accommodation, 1 had been in a boarding-house and 1 woman had lived in an Old People's Home where she was employed

(i) Long-term ratepayers

One married couple who had been owner occupiers previously, and 4 people who had paid rent, mentioned that they had qualified for rehousing because of being long term ratepayers The lengths of time they had lived in Coatbridge ranged from 34 to 68 years the married couple having lived there all their lives This couple had lived in a house with all amenities but had had to move because the wife had heart trouble and their house was at the top of a hill The others said they wanted to move because of the poor amenities of their previous dwellings, 3 having an outside lavatory

(ii) Others

Twelve of the 18 households had lived in houses with an outside w c. and no bathroom 10 of them said they wanted to move because of these conditions, one said she wanted a change after her husband's death and the other wanted a smaller place

The remaining 6 households are less easy to categorise 4 had had an inside w c. but no bathroom, 1 of these said she moved to get a bathroom, 1 moved because of bad health another wanted a house with less garden and less work to do, and the last man said that lorries at a works beside his house were causing damage to the house

One man of 68 had lived in a boarding house but had had to move when he could not pay and had a quarrel with his landlady, and a woman of 67 had been rehoused when she had retired from her job in an Eventide Home.

The following table summarises for the 69 households the information on amenities of previous dwelling, and length of residence in Coatbridge.

TABLE 7

Summary of reasons for rehousing

	Slum-clearance/ Private tenants	Demolition of Council prefabs	Other Council tenants	Private tenants (L.T.R.P. mentioned)	Other private tenants	All households
Amenities						
Had bath and inside w.c.	—	8	20	2	1	31
Had no bath but inside w.c.	4	—	—	—	4	8
Had no bath and outside w.c.	14	—	—	3	12	29
D.N.A. In Home					1	1
Residence in Coatbridge						
Under 20 years	1	—	—	—	—	1
20–29 years	—	1	2	—	1	4
30–39 years	5	1	2	3	2	13
40 years or more	12	6	16	2	15	51
Total households	18	8	20	5	18	69

Only 3 of the 41 non-Council households had had both a bath and inside w.c. in their previous dwelling: 2 of these mentioned that they were offered accommodation because of being long-term ratepayers.

Also all except one had lived in the town for 20 years or more, the majority of these for 30 years or more.

The 5 people who mentioned that they were long-term ratepayers had all lived in the town for 30 years and it seems probable that some of the other private tenants, although they did not mention this fact, had been offered accommodation under this scheme.

Let us now examine a sample of those on the waiting list for rehousing, to see if they are similar to those rehoused.

10.1 WAITING LIST

A sample of names was drawn from the various waiting lists, giving in all 40 names and addresses of people who had applied to be rehoused. However, interviews were eventually obtained at only half of these addresses. Of the others, 6 were deceased, 3 were ineligible because found to be aged under 60, 2 addresses had been demolished, 5 people had moved away from the addresses given, and 1 person had already been rehoused. At 2 further addresses a refusal was given because of bad health and 1 lady could not be contacted as she was out all day and went to her daughters in the evening.

Thus only 23 out of the 40 original addresses still contained the named persons, and at 20 of these interviews were obtained with 25 people aged 60 or over. These were on the following waiting lists:

Long-term ratepayers—investigated, 16 (12 households).

Long-term ratepayers—to be investigated, 1.

Points system, 2 (1 household).

Women's hostel, 5.

Men's hostel, 1.

But again, of those interviewed, 5 said they did not want to move and would not accept a Council house. 4 of these were on the long-term ratepayers list, and 1 on the list for the women's hostel.

The latter, aged 61, was living with 2 daughters in a 5-roomed Council

house and said that she had never thought either of moving or applying for another Council place She was quite comfortable and happy at the present

The 3 women and 1 man on the ratepayers list had all been offered accommodation which they had refused They were all satisfied and managing to look after themselves although their housing was lacking in amenities

Age and sex

Of the 20 people who would still accept a Council place, 6 were men and 14 women, in the following age groups

Age	Men	Women	All
60–64	—	3	3
65–69	4	5	9
70–74	1	3	4
75–79	—	2	2
80–84	1	1	2
All ages	6	14	20

This distribution of ages is similar to that of the rehoused sample, 60% being aged under 70

Household composition

There were 1 man and 5 women living alone One woman lived with a boarder and another with her widowed son-in law, these 2 old persons wanting to move on their own One woman living with her daughter, 2 sisters living together, and another household consisting of daughter aged 63, aged father and brother, would want to move together

Of the 4 married couples in the sample, 2 were living alone, 1 with a grandson, and 1 with a mentally handicapped son who would need to move with them

Length of time lived in Coatbridge

Eighteen of the informants had lived in the town for 30 years or more One woman on the list for the women's hostel had lived there for 19 years, and the man on the waiting list for the men's hostel said he had only lived in Coatbridge for 1 year He said he had been told he was last on the list and as there was a 10 years residence qualification for admission to the hostels, his chance of a place would seem very small

Type of tenancy

Only 1 of the applicants was a Council tenant, 1 was a leaseholder, 1 was living as a boarder with his son, the remainder all being in privately rented dwellings.

Reasons those on the waiting list want to move

The woman who said she was a Council tenant was being moved for slum clearance Her house had no amenities so it may be that the Council had taken it over for this purpose She was on the waiting list for the women's hostel

Of the 9 households (13 persons) who were on the lists of long term rate-

payers, 8 had no bathroom and 5 of these had an outside w.c. The last person had all amenities but said she was having to move because the son with whom she was living was going to remarry.

The household on the points system list consisted of 2 sisters aged 63 and 65 who had lived in Coatbridge all their lives. They had no bath and an outside w.c., this being the reason they wanted to move.

The man on the list for a hostel place has already been discussed. 2 of the women wanted to move because they had no amenities. The last was a woman of 69 who had both a bath and inside w.c. and was not all that sure that she wanted to move.

So here again we see that with the exception of the last woman mentioned, and the man who had only lived in the town for a year, the persons on the waiting list mainly qualify for rehousing because of poor amenities, a very high proportion of these being long-term ratepayers.

However, as the waiting list seemed so out of date, there seems little point in making any estimate based on it. We will therefore examine the general sample.

10.2 NEED AMONG OLDER PEOPLE IN COATBRIDGE

To do this, we will look at Council and other tenants separately. The main reasons Council tenants qualify for rehousing are under-occupancy and health reasons. For other tenants, lack of amenities seems of prime importance provided that they have lived in the town for 30 years or more.

The general sample consisted of 653 persons (511 households) of retirement age. Of these, 370 households were in Council houses and 141 were in other accommodation, mostly privately rented or living as boarders with family.

(a) **Council tenants**

We saw that those Council tenants who had been moved to smaller accommodation had vacated 4- or 5-roomed houses. We will therefore first divide the sample by size of house and see whether informants want to move.

Households	Want to move	Want to stay
4 rooms or more for sole use	20	76
3 rooms or less for sole use	43	231
Total	63	307

Thus 26% of elderly households in Council houses were occupying accommodation which on this basis was too large for their needs, but only just over a quarter of these said that they wanted to move, the majority giving the size of their house as the reason. These 20 households would be eligible for a transfer to a smaller house.

In addition, when the questionnaires of those who wanted to move, but had 3 rooms or less for their sole use, were examined, a further 15 households were found consisting of elderly people living with children or grandchildren in houses which they said were too large for their needs. These did in fact

have 4 or more rooms but the old person generally only had 1 room, their bedroom, for their exclusive use

Twelve of the 15 would seem to qualify for a smaller dwelling 7 house holds consisted of an old person living with a single child or grandchild and 4 were married couples, again living with only 1 child One lady was living with her son and his family but he had bought his own house, into which he was moving, so she now wanted something smaller

In the other 3 households, the old people were living with their families, and since there was no intention to separate, they would not qualify for rehousing as old person units

All but 3 of the Council tenants who wanted to move, but were in smaller houses, would not qualify for a move 11 of these said they found their present neighbourhood too rough or noisy, 6 wanted to be nearer the centre of town 3 complained that the surrounding area was too hilly, 4 were living in 3 roomed houses which they said were too large but apparently having no difficulties in managing, and 2 sisters in their 60s said they wanted a ground-floor flat for convenience but had no difficulty with stairs Some of these informants mentioned that they had applied for a transfer and had been told that they could arrange an exchange themselves but could not be helped by the Council

The 3 exceptions who would qualify for housing were 2 households living in prefabs which were due for demolition and a couple living with their daughter in a 5 roomed house The wife was very deaf and wanted a ground-floor flat so she could see if anyone came to the door; they said they had been promised a place by the Factor

Thus among the old people in Council accommodation who said they wanted to move, there were 35 households who would qualify

(b) **Non-Council tenants**

(i) **Those wanting to move**

Of the 141 households living in non Council accommodation, 27 said they would like to move, and all of these except one said they would accept a Council place if it were offered to them The exception was a 64 year old woman, the leaseholder of a house with all amenities who wanted to move to be nearer her sister She obviously had no need of a Council place

Three of the other 26 households had lived in Coatbridge for less than 10 years and would therefore not qualify for a place, but they were all in their early 60s and did not seem in any urgent need of rehousing

Eighteen households had no bathroom and an outside lavatory One of these consisted of a couple in their early 60s living in a 3 roomed house with their 5 children whose ages ranged from 17 to 32. They obviously needed rehousing but not in a small house Most of the other 17 mentioned the lack of amenities as their reason for wanting to move 3 saying their houses were condemned 3 said they had difficulty with stairs and 1 was housebound

Ten of these households had lived in Coatbridge for 40 years or more, 2 for between 20 and 39 years and 5 for under 20 but over 10 years Thus although all would qualify for rehousing because of lack of amenities, their chances of being rehoused would depend on their length of residence, and

they would obviously stand a much better chance if they were long-term ratepayers. We will however include all in our estimate.

Two households, 1 of whom had lived in the town for 56 years, the other for 69 years, had an inside w.c. but lacked a bath. Both wanted to move to get a better house. One woman living with her daughter said she had been accepted for a house but told she would have to wait some time, and a married couple said they had turned down one offer of accommodation because of the stairs. These 2 households would also qualify, although their need does not seem so urgent.

The 3 remaining households who said they wanted to move had all amenities in their houses. 2 sisters wanted to move because they did not like the area in which they were living, but seemed to be comfortable and had no complaints about their actual house. One lady of 81 whose husband had just died said that their 4-roomed house was now too big for her. However she had private domestic help and seemed to have no personal difficulties, so would not qualify for rehousing.

The last household was a married couple. Although their dwelling had an inside w.c., it was an old cottage and in a very poor state of repair. It was also very isolated and most of the travelling shops no longer came to the door because the lane up to the cottage was too rough. They were obviously living in very poor conditions but it is doubtful whether they would qualify under the Council's criteria for rehousing. They had lived in the town for 29 years so would not be eligible as long-term ratepayers. The wife said they had applied to the Council for housing 6 months previously but had heard nothing.

Altogether 19 of the 27 households containing non-Council tenants who wanted to move would qualify for rehousing.

(ii) Those wanting to stay, but willing to accept a Council place

One hundred and fourteen households said that they were happy in their present dwellings and wanted to stay, but 24 of these said that nevertheless they would accept a Council place if it were offered to them.

An examination of the questionnaires of these 24 households shows that half of them were satisfied with their present dwellings and did not qualify for rehousing, all having indoor w.c.s and most having a bath, although they reacted favourably to the idea of a Council house.

Eleven of the other 12 households had outside w.c.s and most of them also lacked a bathroom and would therefore qualify for rehousing if they were to apply. One of them mentioned that her house was due for slum clearance but she did not know when this would be. All had lived in the town for 20 years or more, 6 of them for 40 years or more.

The last woman was the leaseholder of a 2-roomed flat, with an inside w.c. but no bathroom, which was at the top of 2 flights of stairs. She was aged 73 and said she would like a downstairs house because of her health, but she had only been living in the town for 5 years, having returned to Scotland from America, and therefore would not qualify.

In this group there are therefore 11 households who would qualify for rehousing because of the lack of amenities and who would like a Council place, although their need is not so urgent as they are managing in their present dwellings.

Thus in our sample of 653 persons of retirement age in Coatbridge we have found

Thirty two households in Council dwellings who need a smaller house

Three households in Council dwellings needing rehousing

Nineteen households in non L.A dwellings who want to move and qualify for rehousing

Eleven households in non L A dwellings who would accept a Council place if offered and qualify for one

—a total of 65 households This would represent (taking the 1966 Census figure of 5 690 persons of retirement age in Coatbridge) a total need in the town of 570 houses for elderly people [300 of these to rehouse people already Council tenants] The most urgent requirement would be for 165 dwellings to rehouse those at present living in non Council accommodation who want to move

III OTHER HEALTH AND WELFARE SERVICES

Information on the Welfare and Health Services which benefit elderly people, apart from the Home Help Service Part III accommodation and housing which have been dealt with separately was obtained from the M O H, the Welfare Officer and his assistant on May 24th 1966

10 HEALTH VISITORS

Although there is an establishment for the Burgh of 15 Health Visitors only 8 were in post at the time due to difficulties of recruitment Owing to this staff shortage work with the elderly occupies only a small proportion of the Health Visitors' time their primary work being with children Out of 3 643 cases dealt with in 1965 only 34 involved old people and 128 visits were made to them The Health Visitors wear a green uniform and are referred to locally as 'the green ladies'

11 DISTRICT NURSES

There were at the time 7 full time District Nurses and 1 holiday relief District Nurse This is the full establishment More than 50% of their time is spent on the elderly and in 1965 out of 601 cases 251 involved older people Out of 19 690 visits during the year 11,938 were to elderly people

12 CHIROPODY

The Public Health Department employs a full time chiropodist who provides a free service for men and women of pensionable age The clinic is held daily at the Public Health Department There was at the time about a 2 month waiting period for an appointment because the previous chiropodist had left and there had been a gap in the service before the new chiropodist was appointed As a result of this break in the service there were no figures for 1965 but in 1964 when the clinic was held 4 days a week only there were altogether 2 234 treatments (548 men and 1 686 women)

The Public Health Department provides no domiciliary chiropody service nor transport for the housebound to attend the clinic The M O H feels that

1 6 VOLUNTARY WELFARE COMMITTEE FOR OLD PEOPLE

The members of this Committee, which directs voluntary work for old people in Coatbridge, are themselves 'old' people A representative from each old people's club sits on the Committee, and the Welfare Officer acts in an advisory capacity only The Council, under Part I of the National Assistance Act, makes a grant to the Committee

1 7 FLASHING LIGHTS

The Airdrie and Coatbridge Rotary Club will install, where requested, a red light in a window which flashes on and off when turned on When one is installed, the police and neighbours are notified that it indicates a call for help The Rotary Club have recently requested the Welfare Department to take over the administration of this service, while they will continue to pay for the installation and will be responsible for the maintenance

IV RESIDENTIAL HOMES

The Burgh Welfare Officer and Children's Officer provided the requested information on the Residential Homes on May 24th 1966 Supplementary information was provided by the Assistant Welfare Officer working with elderly people

1 0 PRESENT PROVISION

There are 3 Residential Homes in Coatbridge and 1 joint user establishment, i e., a hospital with some welfare beds Altogether the Burgh has Part III accommodation for 104 people, and there were at the time 87 Coatbridge elderly people in residence The remainder were elderly from other administrative areas, such as Clydebank and Airdrie, being paid for by their respective Welfare Authorities

The Homes are as follows

	Total Number of Places	Number of People from Coatbridge
Merrystone House Blairhill Street	14	12
Kenilworth House Blairhill Street	21	16
Woodside House Woodside Street	19	16
Joint user Establishment		
Coathill Hospital	50	43

(Coathill Hospital used to be an old Poor Law establishment, and is now almost entirely used as a geriatric hospital, apart from the welfare section)

There are no Voluntary Old People's Homes in Coatbridge

1 1 WAITING LIST AND ADMISSIONS

At the time, there were only 2 people living in their own homes waiting for a vacancy in one of the Welfare Homes, and 1 of these was to be offered a place within the next few days During the interview an application to admit an elderly woman was received by telephone from Coathill Hospital Nearly all hospital applications for Part III accommodation are from Coathill, and usually the degree of priority and arrangements for admission are agreed to mutually by the Welfare Officer and the geriatrician at Coathill If it is convenient an exchange is effected

Also considered as being on the waiting list for a Residential Home were

the service is to keep old people on their feet and walking, so those most in need of it are ambulent and able to get to the clinic.

The Old People's Voluntary Welfare Committee does however provide a chiropody service for the housebound. This service is paid for by the Voluntary Committee, but administered by the Welfare Department. There are 3 private chiropodists on the panel who will attend the old people in their own homes. There are about 30 domiciliary treatments each month, and a 2-week delay in an old person getting an appointment.

1.3 MEALS-ON-WHEELS

There is no meals-on-wheels service in Coatbridge. If an old person is unable to get his or her own meal, a home help is sent in to provide it. With no shortage of home helps this arrangement is possible.

1.4 REGISTER OF OLD PEOPLE IN COATBRIDGE

The Welfare Department is compiling a register of all old people living in Coatbridge to enable the Social Workers to keep in touch with any old people who need help in the Burgh. This is being done by contacting the organisations and people who know of, and have records of, old people. The Ministry of Pensions and National Insurance would not divulge any names and addresses of pensioners, but agreed to issue a leaflet with each new pension book. The leaflet draws the old people's attention to some of the services available for the elderly, and invites the recipient if he or she wants any help, either to call at the Welfare Department or to tear off an attached postcard and send it to the Department. The Gas and Electricity Boards both keep records of some of the elderly whose appliances are due to be checked regularly, and these records were made available to the Welfare Department.

The Town Planning Department carried out a household survey 2 to 3 years ago in which the ages of the household members were recorded. The Welfare Department was given access to these records. The after-care service of Coathill Hospital notifies the Department of all discharges of elderly people and the Burgh Registrar of all deaths.

The register is part of a campaign to extend and make known the services to old people in Coatbridge. The campaign started with an exhibition together with newspaper publicity, in October 1965, on the existing services for the elderly. Volunteer visitors for the elderly were asked for, and these were given a course of 9 lectures by such people as the M.O.H., a geriatrician, Welfare Officer, etc. There were about 50 people attending the course, of whom 24 were already visiting elderly people, either from a church or from the Voluntary Ladies' Visitation Committee (this Committee has been in existence for about 10 years and concentrates on the housebound). As a result of the course there were at the time 10 new visitors. The Assistant Welfare Officer personally introduces each visitor to an old person, and tries to match them up.

1.5 OLD PEOPLE'S CLUBS

There are 9 clubs for old people in Coatbridge, most of which are in premises rented free from the Town Council, with free gas and electricity. Apart from free rent, the clubs have recently had assistance in kind from the Welfare Department for furniture, etc.

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Also considered as being on the waiting list for a Residential Home were

10 men living in Lamont House, formerly a common lodging-house for working men where the men had to do their own shopping and cooked for themselves in a communal kitchen, but having their own cubicles, kitchen, bathrooms, etc., kept clean by the Authorities. Lamont House was due to be closed down and demolished within the next 18 months and the number of residents had been allowed to run down, no new tenants having been admitted for 2 years. It falls under the Welfare Department, which accepted responsibility for all the residents aged 65 and over who were no longer working. These were to be offered places in Old People's Homes. At the time, 10 of 18 residents were of retirement age, and no longer working, but more would reach the age by the time Lamont House was due to be closed.

Most applications for Part III accommodation came from the hospital, and frequently old people themselves apply for admission. A medical certificate is only asked for in cases of doubt, where reassurance is needed that the applicant does not need hospitalisation. Each application is followed up by a home visit by the Assistant Welfare Officer who also keeps in touch with those on the waiting list.

People are considered fit for a Home if they are able to feed and dress themselves, go to the w.c. and, in most cases, climb stairs. All the existing Homes have staircases, and very little accommodation on the ground floor. People who are persistently incontinent are not usually accepted; the geriatrician admits these to hospital. Loneliness was given as one of the main reasons for wanting to go into a Home, and the fear of living alone. Many are admitted because they are not considered fit enough to be left alone at night, and very few because of difficulties with relatives.

1.2 ALLOCATION TO DIFFERENT HOMES

There is no difference in the allocation to the 3 Homes, but because of the facilities, more frail people are admitted to the Welfare section of Coathill Hospital than to any of the Homes None of the Matrons of the Homes are trained nurses.

Before admission the old people are taken to see the Home and can, if they wish, stay for a trial period before deciding to become a permanent resident. They are encouraged, if they have a house, to keep it on for a month after admission in case they change their minds. Only 1 person decided against staying after a trial period, and she has now reapplied for admission as she finds she is not as well able to look after herself as she had thought.

All the residents remain registered with their own G.P.s.

1.3 SHORT-TERM STAYS

Short-term stays are arranged to enable relatives to go on holiday and there were 3 to 4 stays arranged during 1964. The length of the stay varies from 2 weeks to 2 months. One old lady was admitted while her husband was in hospital so that she would not be on her own.

1.4 DISCHARGES

In recent years, apart from the case mentioned above, where an old lady discharged herself because she thought she would be able to manage in her own home, there has only been 1 other case of a resident leaving. A man left when offered housing accommodation by the Burgh Factor.

An approach however is not usually made to the Factor s Department to house old people from Part III accommodation because it is felt that although with the necessary domiciliary services some residents might manage they would not want to leave because they would miss the company This particularly applies to the men who are not used to managing on their own

1 5 FUTURE PLANS FOR RESIDENTIAL ACCOMMODATION

Two new Homes are being built one of 30 places is due to be completed during 1967 and will accommodate the people from Lamont House The second will be completed 1967 68 and will have 50 places which will accommodate the residents from the Welfare section of Coathill Hospital to enable this to be closed and handed over to the hospital Both these new Homes will be single storeyed so that there will be no stairs for the residents to negotiate

Two further sites have been earmarked for Welfare Homes and will be developed if and when the necessity arises The existing plans it is thought will cater for the immediate need for Part III accommodation

1 6 SHELTERED HOUSING

In the grounds of the larger of the 2 new Homes 17 flats for old people linked to the Home by a call bell system are to be built No decision has yet been made on who is to let and manage these flats

There is no sheltered housing as such in Coatbridge at the moment but the Welfare Department did furnish the communal room at a block of flats in Manse Avenue with chairs TV etc. The Welfare Officer had recently received a letter from the Scottish Home and Health Department bringing to mind Section 101 of the Housing Act 1964 which mentions in particular the powers of Counties and Large Burghs in Scotland to contribute towards the expense of housing the elderly infirm or handicapped This was to be raised for discussion by the Council in the near future

2 0 THOSE IN RESIDENTIAL HOMES

2.1 THE SAMPLE

There were 87 Coatbridge residents in Part III accommodation in Coatbridge for whom the Burgh was responsible All those who were admitted before May 1961 were excluded as we were considering factors currently or recently being taken into account in assessing the need for residential accommodation Any residents who were under 60 years of age at admission were also excluded leaving 51 people whom we attempted to interview

Of these 2 had died since the sample was drawn 2 were under retirement age 2 were in hospital and 5 were too confused to be interviewed The remaining 40 people were successfully interviewed 12 men in Coathill and 19 men and 9 women in smaller Homes

2 2 AGE AND SEX OF RESIDENTS

In the table below the age of men and women residents is shown on entry and at the time of interview

TABLE 1
Age of residents on admission compared with their age at time of interview

Age	On admission			At time of interview		
	Men	Women	All	Men	Women	All
60–64	2	1	3	—	—	—
65–69	6	3	9	5	1	6
70–74	12	3	15	8	3	11
75–79	6	3	9	7	3	10
80–84	4	2	6	4	1	5
85–89	4	—	4	6	—	6
90 and over	—	1	1	1	1	2
All ages	34	13	47(1)	31	9	40

(1) Includes 3 men and 4 women not interviewed.

This is the only area in our study where the number of male residents exceeds that of female residents—there being nearly 3 times as many men as women in Homes. Even if we exclude the 12 men who were admitted to residential care when their lodging-house closed, there would still be a higher proportion of male residents than in any other area we examined in England or Wales. Very high proportions of both male and female residents were admitted at a comparatively early age, 26% being under 70, and 57% being under 75 years old on admission.

Age at time of interview

The youngest man at the time of interview was aged 65 years and the oldest 91 years. The youngest woman was aged 68 years and the oldest 93 years. However, only 55% of the residents were over 75 years at the time of the survey.

2.3 MARITAL STATUS

None of the 40 people interviewed was married. 16 men were widowers and 15 were single; only 2 of the 9 women were single, the rest being widows.

3.0 ATTITUDE OF RESIDENTS TOWARDS THE HOME THEY ARE IN

3.1 WILLINGNESS TO BECOME RESIDENT

Twenty-six people (22 men and 4 women) wanted to become residents, 13 (9 men and 4 women) did not want to, and 1 woman did not answer.

The most quoted reasons for men wanting to be residents were trouble with relatives (19%), needing care and attention (29%) and housing difficulties (33%); other reasons given were loneliness, financial difficulties, etc. The women all gave different reasons for wanting to become residents. Half of the men who did *not* want to become residents said they became residents because they needed more care and attention as did 3 of the 4 women; the remainder gave various reasons, such as loneliness, housing difficulties, etc.

3.2 WHO SUGGESTED BECOMING A RESIDENT

While 26 residents said they wanted to go into a Home, only 14 said it was their own idea. The first suggestion usually came from their doctor (7 cases)

or the hospital (7 cases) In only 1 case was the matter prompted by a relative in the household but in 4 cases a relative outside the household first suggested becoming a resident In only 2 cases was the Welfare Officer said to be the person who first suggested becoming a resident the rest being friends neighbours etc.

3 3 LENGTH OF TIME ON THE WAITING LIST

Three people could not remember how long they had to wait but of the remaining 37, 25 residents (68%) were admitted immediately a further 3 (8%) waited less than a month and 5 (14%) were given a place within 6 months One woman aged 72 years waited 8 months and 3 people (2 women aged 63 and 78 and 1 man aged 68) said they had to wait over a year

3 4 PRE KNOWLEDGE OF WHAT TO EXPECT

Eight residents (20%) said they were told when they first came to the Home that it was for a trial period the rest regarded it as a permanent arrangement

Eleven people (over a quarter) had gone to see the Home before becoming residents this being at the suggestion of the Welfare Officer in 5 cases

Seven of the 28 people who had not seen the Home previously said they were told what to expect 4 said it was general reassurance 2 men said they were told drunkenness would not be tolerated and that the Home was nice and lastly the woman said she was told that she would have to share a room Only 2 of the 7 said the talk helped them settle down

3 5 WHETHER RESIDENTS LIKE THE HOME THEY ARE IN

Nearly 70% of the residents said they liked the Home while a further 15% said they liked it with qualifications 2 people said they had no choice but to like it and 5 people said they did not like living in the Home one saying it was because of other residents (4 of those who did not like the Home they were in lived in the Coathill Home)

3 6 DISTANCE AWAY

Over half of the residents were in a Home up to 15 minutes away from their old homes a further 39
an hour away and 1
a resident. 4 resid
would have preferred to be nearer their old homes

4 0 LIVING CONDITIONS BEFORE ENTERING A HOME

4 1 PREVIOUS ACCOMMODATION

Nearly 40% of residents had occupied a whole house before they became residents (compared with 28% in the general old people s sample) 30% had lived in blocks of flats mostly tenements (compared with 60% in the general old people's sample) 30% had lived in a boarding or lodging house and one resident had lived in a bungalow 12% of the residents had been Council tenants compared with 74% in the general sample of old people and 55% of residents had been boarders compared with 8% of the general sample of old people

4.2 AMENITIES

There were 12 residents who had lived in a lodging house and the questions did not apply to them. One person did not have a kitchen. 7 residents (25%) had no fixed bath, but only 2 residents had an outdoor w.c. The proportions of those without the use of a kitchen and having outdoor w.c.s are similar to those of the general sample of old people in this area, but a higher proportion of residents had had no fixed bath compared with old people still living in their own homes.

4.3 WITH WHOM RESIDENTS LIVED AT HOME

Two of the 40 residents had been in other L.A. Homes before entering their present one. These 2 people together with 30 other residents had gone into L.A. Homes from ordinary domiciliary residence. In 5 cases the residence had been a lodging house.

The other 8 residents had been transferred from hospital to a Home.

Admission from hospital

Seven of the eight residents transferred from hospital were men. All 7 had lived in Lamont House (a lodging house run by the Welfare Department) which was in the process of being closed down, and they were admitted as they had nowhere else to go. 5 of these men were sent to Coathill, and another was allocated a place in Coathill but refused to go, and was finally offered a place in a smaller Home.

The woman, aged 93 years on admission, had lived alone and needed care and attention after discharge from hospital.

Admission from own home

Thirty-two residents had been admitted to a Home from their own homes. 9 of these had been living on their own in private residences and 5 had been in Lamont House. Another 5 had been boarders in small households.

(a) **Living on own:**

(i) **In own dwelling**

There were 5 men, aged between 71 and 86, and 4 women, aged between 68 and 74, who had been living entirely alone. 1 man and 1 woman had owned the property, and 1 man and 1 woman were in L.A. accommodation. The rest were renting privately.

(ii) **Boarders in small households**

Four men aged 65 to 83 and 1 woman aged 63 were boarders in small households. It would appear that 2 men and the woman had lost their digs, and had difficulty finding new places. One other man disliked the quarrelling that went on and decided to leave; the other, an active man of 65, was persuaded by friends that he had no security in his lodgings and would be far better off in a Home.

(iii) **Lamont House**

Since Lamont House was closing down, the 'landlady' was suggesting men transferred to residential care. 4 men, aged 65 to 85, had agreed to

go but the other man aged 77 said he had asked for a place because he could not manage the stairs

(b) Living with married children

Nine men and 2 women had lived with married children and in 5 cases there were grandchildren in the household

In none of the cases where grandchildren were present was their presence given as the reason for entering a Home 4 men and 1 woman entered a Home because they had disagreements with their children The men were all over 70 years old and the woman was 67, all were active 2 men applied as their children were out at work all day and they felt they would be better looked after in a Home one adding that he was lonely 2 men aged 84 became residents because they felt it was too much for their children and 1 man who had been living with his son in London returned to Coatbridge after an illness saying 'I wanted to be back because I was born and bred in Coatbridge' The other 2 residents a man aged 66 and a woman aged 78 were not able to give reasons as they were slightly confused

(c) Living with unmarried children

An active 79 year old man lived with his son in a 1 roomed tenement but said his son only slept there and did no housework The old man said he could manage shopping and cooking without difficulty but, despite his good intentions the housework did not get done and the place was a mess Somebody in a pub told him that he would be well looked after in a Home so he applied

(d) Living with younger relatives

An 80 year old woman had lived with her younger relatives until her doctor suggested that she enter a Home as she needed more care and attention than they could give her

5 0 ABILITY TO LOOK AFTER THEMSELVES

Thirty seven of the residents said they were able to get out and about before they became residents. One man had been housebound temporarily and two women were housebound permanently However 3 of those able to get out did so with some difficulty

The number of residents who prior to admission had some difficulty with locomotion or self care is shown below

	No	%
[illegible]	4	10
[illegible]	3	8
[illegible]	2	5
[illegible]	36	90

In the general sample 19% of people of retirement age had difficulty going out of doors 35% with going up and down stairs and 14% with bathing much higher proportions than among the residents It may b~ however that some of the residents looking back overestimated their former abilities

As regards housekeeping of the 23 residents responsible for their own cooking and shopping over 90% had done it without difficulty and of the 10 responsible for their own housework 6 had done it without difficulty

5.1 HEALTH AND WELFARE PROVISIONS

Two people had home help prior to becoming residents (5·0% compared with 5·8% in the general sample of elderly).

One person had the District Nurse call, and 2 people had the Health Visitor call.

Four people had been using the welfare chiropody service (10·0% compared with 15·3% of the general sample of elderly).

Five people had been seeing the doctor regularly (12·5% compared with 13·2% of the general sample of elderly).

It would appear that generally those in Residential Home made no more demands on the welfare services than those in general population.

6.0 NEED FOR RESIDENTIAL PLACES

There are two points to consider. The first is, are the present residents best served by living in a Home, or should they be living in a domestic household; the second is, are there any elderly people who are living in such circumstances that they would be better off in residential accommodation.

Let us first consider those in Residential Homes. Since the need for places is measured against the Authority's criteria, there would seem to be no reason to question whether all those people in Residential Homes ought to have been there in the first place. However, from looking at the schedules, it was quite clear that of those entering a Home a number of quite active people had been given places in Residential Homes simply because they had no other place to go.

However, regardless of what the need was when present residents went into a Home, the important aspect for this survey is whether remaining in the Home is in their best interests.

In addition to the 5 people who said they had difficulty going out before entering a Home, a further 6 now had difficulty going out.

We have seen (Section 3.1) that some residents wanted to enter a Home because they were lonely, or had nowhere else to go, i.e., inability to get around and look after themselves was not the main reason for their wanting to become residents. Provided, therefore, that present residents have settled down in the Home, and enjoy living there (as most of them do), it is questionable whether it would be in their best interests to suggest they now be helped set up home on their own.

Perhaps the best measure of whether residents are in the best place for themselves is given by considering only those who do not want to remain in a Home, to see whether they appear capable of setting up homes for themselves.

6.1 WHETHER RESIDENTS WANT TO STAY IN A HOME

Eight men and 2 women wanted to have a home of their own, although it would seem that 1 of the men really wants to change from Coathill to another Home, where he would be more satisfied.

Two men were transfers from hospital; 1 aged 65 who had been in hospital for 2 years and the other aged 89 years, were only discharged on condition that they went into a Home as the hospital authorities considered they could not look after themselves. The 65-year-old had difficulty going out and going up and down stairs. The 89-year-old reported no difficulties. Both men did

not like the Home (they were in Coathill) but they probably could not manage a home of their own

A man of 74 had been a L A tenant and looked after himself with the aid of a home help to do the housework, although he says he would have liked the home help for longer periods He is active, and entered the Home after a bout of pneumonia when his doctor suggested he should not be on his own He did not originally want to go into a Home but went to see one and consented However there was no vacancy in that particular Home and he was placed in another, which he says is 'all right', but has reservations He would like to get married and have a home of his own again but does not really want to live on his own Until he meets his 'homely person it would probably be better for him to remain a resident

One woman aged 75 years had entered the Home because although she could manage her housekeeping without difficulty the doctor advised against her being on her own at night as she had once collapsed and might do so again and fall on the fire She is very unhappy in the Home and could probably manage quite well in a flat on the Manse Avenue or Gartsherrie estates

One man aged 76 years said he liked the Home very much and did not miss anything but when asked if he would like a home of his own he said yes because the man he shares the room with snores and wakes him up during the night Until he was asked if he wanted a home of his own he probably never considered it He had been in the Home for 2 years previously having lived with his daughter and son in law, where he did most of the shopping and housework He was quite active and still is but became a resident owing to quarrels with his son in law There seems no reason why he would not be able to manage on his own

A single woman aged 68 years had been in the Home for 5 years having difficulty with stairs but managing all right apart from that Prior to entering the Home she had lived as a boarder and had everything done for her She had entered a Home because she had nowhere else to go but does not say why she had to leave her previous accommodation She gave as her reasons for wanting a home of her own that she preferred to do as she wanted rather than have people dictating to her If she had her own home (she says she has applied for a L A dwelling) she thought that she could manage without any help at all If she had a ground floor flat or bungalow she could probably manage

Man aged 69 years had been in the Home for a year He had previously lived with his son in London but on returning to Coatbridge had nowhere to live and entered the Home He wants a home of his own so that he could be his own boss The respondent is active and although everything was done for him by his children, he thinks he could manage in a home of his own without help There would appear to be no reason why he should not set up home for himself

Man aged 74 years had been in the Home for 3 years He had entered the Home when faced with eviction from his previous accommodation where he had lived alone and done all his household tasks without difficulty He wants a home of his own so that he could come and go as he pleased and have friends round He thinks that he could manage all the household tasks but would need help to furnish and he would also need financial assistance There

would appear to be no reason why he should not set up a home on his own.

Man aged 71 years had been in the Home for a year. He had come into the Home when his house came up for demolition. He said he was persuaded to enter by his son and that everything happened so quickly he did not have time to think about what was happening. He had lived by himself and done his own cooking and shopping and his children came and did the housework for him. He does not like the food and misses his freedom and for these reasons he would like a place of his own. He thinks he would need help furnishing and a home help, otherwise he could manage. He is active and there would appear to be no reason, if he were allocated a home help, why he should not have a home of his own.

Thus, of the 9 residents who want a home of their own, 6 of them could probably manage on their own if housing and appropriate domiciliary services were available.

6.2 NEED AMONG PEOPLE LIVING IN THEIR OWN HOMES

The Welfare Department had a waiting list of 2 elderly people, 1 of whom was about to be offered a place, and who in fact had been placed at the time of interview. The woman on the waiting list was interviewed, as were the 10 elderly men remaining in Lamont House at the time.

The woman was aged 76 years and unmarried. She lived alone in a 2-roomed flat without a bath. She had difficulty with stairs and paid someone to do her housework, although she did the cooking and shopping without difficulty. She applied for a residential place when she was ill, but at the time of interview she was not very keen to go into a Home because she did not want to share a bedroom. However, if a place were offered to her she would probably accept as she complained of being lonely.

All 10 men at Lamont House were responsible for their own cooking and shopping. They all said they could do this without help. 5 of the men said they could manage housework themselves, 5 would need help. Most of them were active, although 5 had difficulty with stairs. The only man who had difficulty going out said he was going to live with his niece when Lamont House closed. It would seem then, that if L.A. accommodation, preferably ground floor flats or bungalows could be made available, help given with furnishing, and a home help allocated where necessary, there is no reason for these men to be transferred to residential accommodation.

In the sample of the general population interviewed, only 11 other people said they had ever considered entering a Home. 9 of these saw it as a future possibility, and had no need at present. One man had changed his mind when his children came to live with him and 1 elderly lady of 78 years had considered going into a Home to relieve the pressure on her children, but her son would not hear of it and insisted she stay if she wanted. In fact this household consisted of the elderly lady, her son and his wife, 4 grandchildren and 4 great grandchildren in a 5-roomed house. The daughter-in-law was seen, and she said the only service they might have to ask for was a nurse (the mother was incontinent), and she complained that when her husband was ill and not working they found it difficult to manage financially as her mother-in-law got no supplementary benefit. Otherwise she was quite happy to carry on with existing arrangements.

In order to see if there were any other cases who might benefit from a residential place, the schedules of the 63 people who said that they were dissatisfied with the way they were living at present were examined

It was found that the main causes of complaint among these people was a lack of good housing (lacking amenities, etc), and not having enough money In all cases these old people could be better served by welfare services other than residential care

It therefore appears that with the two new Homes being built to cater for *those from the welfare ward of Coathill Hospital there is no serious* need for more residential accommodation for old people in Coatbridge particularly if suitable accommodation could be provided for the men having to leave Lamont House, and for those in Part III who do not really need to be there

BUCKIE S.B.
BANFFSHIRE

CONTENTS

I HOME HELP SERVICE

The M O H for the county of Banffshire is responsible for the Home Help Service, and the County Welfare Officer, whose office is in Buckie, does some of the administration for the area The requested information was provided by the M O H. on June 14th 1966

1 0 PRESENT POSITION

There are no full time home helps, they are recruited as and when required Often a request for a home help is accompanied by a request for a particular person Due to a lack of part-time employment for women in Buckie there is no difficulty in recruiting home helps This also means that private domestic help is not expensive and it can often be cheaper for an applicant to make a private arrangement than to pay an assessed charge to the County Council

The scale of charges laid down by the County ranges from a minimum of 21s per week irrespective of the number of hours worked to a maximum of 4s 3½d per hour for 5 hours or more, plus employer's National Insurance contribution Where a person is receiving National Assistance, the minimum charge applies and is added to the recipient's allowance

However, the 'going rate' for private domestic help at the time of the enquiry was 3s or 3s 6d an hour which meant that an old person could have up to 6 hours help for less than the minimum charged by the County Officials of both the Health and Welfare Departments therefore often act as agents, putting applicants in touch with women willing to act as home helps, and letting them make their own arrangements This is cheaper for the applicant as well as administratively easier and cheaper for the County Council There is no official check on the satisfactoriness of these arrangements except by the Health Visitor or District Nurses in the course of their normal rounds The Social Security officials are aware of this procedure, and will make an additional allowance in appropriate cases to cover the cost of private domestic help

1 1 ALLOCATION OF HELP

Recommendations for the Service are received from anyone but the case is always investigated by the County Council usually by the Welfare Officer or if an assessment is needed of medical need, the District Nurse The District Nurse is responsible for reviewing all cases every now and then to reassess the need

Help will be allocated to an elderly person living with a daughter who is out at work, although not if the daughter is at home In the case of a person living with a son, help would be allocated whether the son is at work or not, because it is not felt that a son could necessarily carry out domestic chores satisfactorily If the daughter or daughter in law has a husband and family to care for as well, she may be paid as a home help to look after the elderly person

1 2 DUTIES OF THE HOME HELP

There is no real restriction on the work home helps can do, except that they are not supposed to do any nursing duties They can, however, help old persons to wash and dress themselves In the winter snow clearing can present

a problem and it has been suggested that the scouts and high school boys may undertake this service.

The home helps do not have any uniform or badges, nor do they receive any training.

2.0 THOSE RECEIVING HOME HELP (EMPLOYED BY THE COUNTY)

At the time of the survey there was only 1 person in Buckie having the services of a home help.(1) This was a woman of 81 years living on her own in a Local Authority old person's house. She said she was able to get out without any difficulty, but had difficulty getting about the house, washing, bathing and dressing herself.

The home help attended 6 days a week for 2 hours a day and did all the housework. The respondent depended on a neighbour to do her shopping for her once a week, and if she needed anything extra during the week she got a neighbourhood child to run the errand.

The old person had meals-on-wheels 5 days a week and on the other 2 days she just got herself a snack. The doctor visited her regularly once every 2 or 3 weeks; she did not have any other welfare services.

2.1 THOSE HAVING PRIVATE HELP AND RECEIVING NATIONAL ASSISTANCE

The Welfare and Health Departments had no records of the people they had assisted in getting a private domestic. Extra questions were therefore asked to the general sample of old people to estimate the number of such cases. As a result we found in the sample 4 people who had domestic help obtained with the help of the Council and paid for by the National Assistance Board. These 4 cases are detailed below:

(i) Woman of 65 living in a 5-roomed house, housebound with arthritis in her legs and hands. She had help for 3 hours twice a week for which she was refunded 18s. by the N.A.B.

(ii) Widower of 83, living in a 4-roomed house which he owned. He admitted to no physical difficulties but said he had not been able to manage his housework. His helper came for 6 hours a week and the 24s. he paid was refunded by the N.A.B.

(iii) Woman of 64 who was permanently housebound and very crippled. She had the home help for 2 hours on 3 days a week. She said she paid her 21s. a week, and although she stated her income was only the £4 pension, she was presumably having National Assistance as well.

(iv) Woman of 78 living alone in a 5-roomed house, although she occasionally took in paying guests. She paid a neighbour to come in once a week to do the housework and received money from the N.A.B. to pay for this, except for the weeks when she had a guest.

Since we interviewed over 50% of all the people of retirement age in Buckie, this means that some 8-10 people were having domestic help supplied through the Health and Welfare Departments and paid for by National Assistance.

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(1) In February 1968, there were 7 people resident in Buckie having official home help via the Council's scheme.

3 0 OTHER WELFARE SERVICES

At this point in the reports for the other areas examined we have compared the amount of help received from other welfare services by those having home helps and the general sample of old people It would be pretentious to do this with the small numbers involved in Buckie, but we will look at the use of the other welfare services by the general sample as this may affect the demand for home helps

We also sought the opinion of the general practitioners in Buckie on the need for the further provision of services There were 7 doctors in 3 practices covering the area and we interviewed 4 of them, the other 3 being on holiday at the time

(a) Meals-on-wheels

In our sample of 642 persons of retirement age there were only 2 women receiving meals on wheels, but we were told that altogether 10 elderly people were receiving meals at the time None of the doctors interviewed thought they had any patients who needed meals delivered but were not getting them

(b) District Nurse

Twenty-one of the sample (3 3%) were being visited by the District Nurse, the help given being listed below

Bathing or washing	5
Injections	10
Dressing wounds, sores, etc	4
No treatment, just checks	2

The length of time the District Nurse stayed on each visit is shown in table 1

TABLE 1
Length of time District Nurse stays on each visit

How long District Nurse stays	
0–10 minutes	8
11–20 minutes	4
21–30 minutes	7
31–60 minutes	1
All persons	20(1)

(1) Excludes 1 not answering

Again the G P s interviewed thought the nursing services provided in the Burgh were adequate, although 3 of the 4 thought that the provision of a bathing service operated by auxiliaries would be a worthwhile addition

(c) Chiropody

Ninety-three of the sample (14%) were using the welfare chiropody service and 32 (5%) were having private treatment. The frequency of treatment is shown in table 2.

TABLE 2

Frequency of treatment of elderly people in the general sample receiving welfare and private chiropody

Length of time between treatments	Welfare	Private
	%	%
Up to 1 month	11	13
Over 1 month up to 2 months	66	29
Over 2 months up to 3 months	9	16
Over 3 months up to 6 months	2	26
Over 6 months up to 12 months	3	3
No set time	9	13
No. on which % based	91(1)	31(1)

(1) Excludes 2 welfare and 1 private patient not answering.

It can be seen that those using the welfare service get more frequent attention than private patients, 86% compared with 58% having a visit at least once every 3 months. Whether this amount of treatment is sufficient is examined in table 3.

TABLE 3

Whether those having private and welfare treatment have trouble between visits

Do you have any trouble with your feet so you would like to go more often?	Welfare	Private
	%	%
Trouble, would like to go more often	21	3
Trouble, would *not* like to go more often	5	10
No trouble, would like to go more often	1	—
No trouble, would *not* like to go more often	73	87
No. on which % based	91(1)	30(1)

(1) Excludes 2 persons not answering in each case.

Thus although private patients have less frequent treatment, a smaller proportion of them complain of having trouble between visits.

In the opinion of the 4 G.P.s interviewed, the chiropody service was being run very efficiently by the British Red Cross Society, and they did not consider they had any patients needing foot treatment but not getting it.

(d) Health Visitor

Two people in the general sample (0·3%) said that they had the Health Visitor calling.

3 1 FINANCIAL POSITION OF OLD PEOPLE IN BUCKIE

In Buckie, the income of old people may affect whether or not they are able to afford to employ a private home help Table 4 shows the sources of income of the general sample

TABLE 4

Sources of income of people of retirement age

Sources of income	%
Wages/salary	16
Retirement/O A P	87
National Assistance	14
Other govt grants and pensions	13
Private/firms pensions	17
Rents	3
Interest on shares etc	11
Other sources	3
No of people on which % based	627(1)

(1) Excludes 15 people refusing sources

The percentage exceeds 100% as some people had more than 1 source of income

The amount of income received is shown in table 5

TABLE 5

Amount of income of people of retirement age

Income per week	Single incomes		Joint incomes	
	No	%	No	%
Less than £4	11	4	—	—
£4–£4 19s	193	62	—	—
£5–£5 19s	44	14	—	—
£6–£7 19s	31	10	147	51
£8–£9 19s	17	5	44	15
£10–£14 19s	12	4	59	20
£15–£19 19s	2	1	18	6
£20 and over	—	—	22	8
No of people on which % based	310	100	290	100

Thus two thirds of the old people with single incomes and half of those with joint incomes (i e, married couples) were receiving the basic pension with little or no additional income

3 2 MOBILITY OF OLD PEOPLE IN BUCKIE

Let us now examine the mobility and ability to care for themselves of the people of retirement age in Buckie

TABLE 6

Mobility of people of retirement age in Buckie

Mobility	%
Bedfast permanently	0·3
Bedfast temporarily, usually housebound	0·5
Bedfast temporarily, usually goes out	0·6
Housebound permanently	9·5
Housebound temporarily, usually goes out	5·0
Usually goes out	84·1
All persons	642

The numbers having difficulty with various everyday activities are shown in table 7.

TABLE 7

Proportions of people of retirement age having difficulty in performing given functions

Difficulty with:—	%
Getting out of doors on own	22
Getting up and down stairs on own	35
Getting about house on own	7
Getting in and out of bed on own	5
Washing themselves	5
Bathing	15
Dressing	5
No. on which % based	642

3.3 DOCTOR'S ATTENDANCE

27% of the elderly people in Buckie saw their G.P. regularly, 19% having home visits but 8% going to his surgery: the other 73% saw the doctor only when specially needed.

The following tables show for each of these groups how frequently the doctor was seen.

TABLE 8

Frequency of visit of people of retirement age who saw their doctor regularly

Frequency of visit	Those seeing doctor regularly
	%
At least once a week	17
Every 2 or 3 weeks	19
Once a month	45
Over 1 month up to 2 months	15
Over 2 months up to 3 months	3
Over 3 months	1
No. on which % based	170(1)

(1) Excludes 2 not answering.

TABLE 9

Frequency of visit of elderly people who saw doctor only when specially needed

When last visited	Those seeing doctor only when needed
	%
In the last 2 weeks	9
Over 2 weeks and up to 1 month ago	8
Over 1 month and up to 2 months ago	11
Over 2 months and up to 3 months ago	7
Over 3 months and up to 6 months ago	17
Over 6 months and up to 1 year ago	19
Over 1 year and up to 2 years ago	12
Over 2 years and up to 5 years ago	8
Over 5 years and up to 10 years ago	6
Over 10 years ago	3
No on which % based	452(1)

(1) Excludes 18 not answering

It can be calculated that 35% of old people had seen their doctor within the last month.

4 0 HOW ELDERLY PEOPLE IN THEIR OWN HOMES MANAGE THEIR HOUSEKEEPING

The general sample were asked who did most of the cooking, shopping and housework in their households

TABLE 10

Person responsible for most of the cooking, shopping and housework

Person responsible for	Cooking %			Shopping %			Housework %		
	Men	Women	All	Men	Women	All	Men	Women	All
Self	16	79	58	22	64	50	11	68	48
Spouse	55	2	20	38	6	17	44	1	16
Joint self/spouse	3	3	3	6	4	4	8	6	7
Child (in law) in household	19	9	12	23	13	17	22	13	16
Child (in law) outside household	1	*	1	4	4	4	5	3	4
Other relative in household	6	4	4	5	4	4	5	4	4
Other relative outside household	*	1	1	*	2	1	1	*	*
Other person in household	*	*	*	*	*	*	*	*	*
Friend neighbour	—	—	—	1	2	2	—	*	*
Home help/M-o-W/welfare	—	*	*	—	*	*	*	1	1
Private domestic help/eat out	—	1	*	—	*	*	3	3	3
Nos on which % based	219	423	642	219	423	642	219	423	642

*Less than 0 5%

Only 2% of the sample depended on outside help for most of their cooking, but 7% had to rely on this for their shopping.

For housework, as we have already seen, 5 people (0 8%) had a home help supplied through the Welfare Department. In all we found that 41 people (6 4% of sample) had some private domestic help, less than half of these having the main responsibility for the housework Just over 4% were dependent on other outside help from relatives or friends

About 80% of the sample did their cooking themselves or with their spouse and 70% did the shopping and housework

Difficulty in doing cooking, shopping and housework

Where elderly persons did most of their own housekeeping they were asked if they could do it without difficulty. Only 1·5% said they were not able to get a cooked meal every day, usually because they were too tired to cook. 3% had difficulty doing their shopping, mainly because of the distance they had to walk, while a much higher proportion, 12%, of those having to do their own housework had some difficulty. Here the chief difficulties were jobs involving bending (57% of those having difficulty mentioning this), laundry (24%) and other heavy jobs (21%).

Need for home helps

We first sought the opinions of G.P.s on the need for home helps in Buckie. They seemed to be under the impression that there was difficulty in recruiting home helps, but only one said that at the time he had any patients who needed help and were not getting it, one because there were no home helps available in the district where she lived,(1) the other being a difficult woman whom nobody would work for. Another doctor said that he knew of 1 person who had refused to take a help because she could not afford the charges.

However, we can calculate from tables 8 and 9 that over a third of the informants had not seen their doctor in the past 6 months, and just under a quarter had not seen him for over a year, and this would not seem a reliable way of assessing the total need for home helps.

We will therefore make our estimate from an examination of the needs of our sample of the general population of people of retirement age, in the first instance looking at those people who were permanently bedfast or housebound and who, for this reason, were most likely to need assistance from outside.

Those not usually able to get out and about

There were 66 people permanently bedfast or housebound in households as follows: —

Old person living alone	4
Old person living with child(ren)	32
Old person living with others aged 64 and under	5
Old person living with others aged 65 and over	1
Couple living alone	17
Couple living with children	7
	66

In 2 cases, both partners were housebound.

Two of those living alone were among those receiving private help, the payment being covered by National Assistance. In both cases the home help did most of the shopping and housework, the amount of assistance being regarded as satisfactory by the recipients. One of the other 2 people living alone suffered from angina but said she could do all her household tasks without difficulty. The other had her sister coming in to do the jobs she could not manage, and this was sufficient help for her.

(1) This woman may have been living in the rural area surrounding Buckie. There is no difficulty in providing home help within the Burgh itself.

Two of the 32 elderly people living with their children had private domestic help (not recommended by the Welfare Department) In one case where the informant lived with her son who was working full time, the help did most of the housework, but in the other the daughter who was herself aged 67 did most of the work, the domestic just coming in to scrub the floors 23 of the others had no responsibility for cooking shopping or housework 4 had responsibility for cooking only, their children being out at work during the day, none having any difficulty with this The remaining 3 women, who were housebound and living only with sons who were working full time, had difficulty doing their housework and would appear to need some help in the home

Only 1 of the other 'single' housebound persons living with others had any household duties and she had no difficulties

Elderly couples, one or both unable to get out

One of the 15 couples living by themselves had a private domestic help who they said had been employed by them for 'years and years' She did the housework and the wife had no difficulties with the cooking or shopping The other couples were usually able to manage, the more active partner doing the housework, or having a child who came in to help when necessary There were 3, however, who appeared to need more help In 2 cases the husband could not do the work and the wife had great difficulty because she was not fit herself The last couple were both housebound and dependent for all their meals, shopping and cleaning on a daughter not living with them The wife said that they needed help but they were not keen to have a stranger in the house A suitable arrangement might have been to employ the daughter as their home help This was also a case where meals on wheels would be an advantage

None of the 7 couples living with children reported any difficulty with that part of the work which fell to them

Thus for those not normally able to get out and about there is a need for —

Home helps for 6 households

Meals on-wheels for 2 persons

Those able to get out and about

There were 576 people in the sample who could normally get out and about, in households as follows —

	Persons	Households
Old [illegible]	136	136
[illegible]	97	95
[illegible]	32	27
[illegible]	18	9
Couple living alone	189	110
Couple living with children	91	55
Couple living with others aged 64 and under	9	6
Couple living with others aged 65 and over	4	1
	576	439

In order to find those who might need home help we examined the questionnaires of those informants who said they had any difficulty doing cooking, shopping or housework

Fifteen of these were living alone, 11 having difficulty with housework, 2 with shopping and 2 with cooking. The difficulties with shopping were overcome by having goods delivered. One woman said she had difficulty cooking only on the days she suffered from bronchitis and that she did not feel like eating then anyway. Another said she did not bother to cook often and that sometimes her neighbour gave her soup; she would seem to need meals provided. Of those having difficulty with housework, 5 had outside help with the jobs they found particularly tiring or could manage if they took their time, but 6 had difficulties which they could not overcome and needed help.

Of the 'single' people living with others, very few had any difficulties and where these existed, others in the household were able to help.

Of the 189 married couples living by themselves, 2 reported difficulty with the shopping and 8 with the housework. All but 2 of these had help from a child outside the household and could manage, but these two couples needed a home help.

The elderly couples who were living with someone else were not often responsible for the housework, and if they had any difficulties, they had help at hand. There was, however, 1 case needing help, a man aged 80 and his wife of 73 living with 2 sons who both worked full-time. The wife was half-blind and had a lot of trouble doing the housework.

Thus for those able to get out and about, there is a need for:—

Home helps for 9 households
Meals-on-wheels for 1 person.

It can therefore be estimated that the total need is:—

	In sample (642 persons of retirement age)	In Buckie Small Burgh (1,160 persons of retirement age —Census 1966)
Home help	15 households	27 households
Meals-on-wheels	3 persons	5 persons

The old people were asked whether there was anything that would lead them to refuse a home help; 3 of the people whom we considered needed help were rather worried about the cost of the service but none said they would refuse to accept help.

Nine of the 15 households had only the basic pension coming in each week and 3 had an additional small pension of around 10s. from their previous employer. 2 women said that all their income came from National Assistance, and the couple who were both housebound had another government pension of £5 per week. Thus, with the possible exception of this couple, all those in need of help would require financial assistance to employ a home help.

The most urgent need on our estimate, for those housebound, would be for 11 home helps.

All the informants were asked if they thought themselves that they needed a home help. Persons in 10 households said they did, of which only half were included in our estimate. Of the ones we did not consider needed home help, 1 woman said she could always do with more help because her house was too big but she had no difficulties doing her housework, 2 husbands said they would like help but their wives were managing and did not think they needed it, and 1 couple were living with 2 daughters who were working full-time. The

man and his wife did the housework between them and did not appear to have any difficulties The last case was a woman of 77 who had a private domestic help who did most of the housework but who said she needed more help She seemed worried about her health and complained of loneliness but had no difficulties other than with climbing stairs and did her own cooking and shopping

If she did need home help this one case would not alter appreciably our original estimate

Nevertheless depending on the informant's own estimate of need would have resulted in an under estimate of the help needed

II HOUSING FOR OLDER PEOPLE

The Town Clerk for Buckie is responsible for housing in the Burgh and provided the requested information on June 14th 1966 He had only been in office for a year and was in the process of reappraising the organisation of the Department and the records which under his predecessor had been almost non existent

1 0 PRESENT POSITION

There is no purpose built old people's housing in Buckie apart from a few 1 room houses but 2 room houses are in the main used for elderly people At the time there were twenty seven 2 room houses and eight 1 room houses The 1 room houses which were occupied entirely by old people are fitted with showers instead of baths

1 1 WAITING LIST

There is no separate waiting list for old people but the list is divided into size categories and most of the elderly are on the list for 2 room dwellings There were 18 elderly on the list at the time To be accepted on the waiting list applicants must work or live in Buckie or be of Buckie parentage If they have no claims on Buckie they will not be considered until 3 years have elapsed from the date of their application (The Town Clerk felt that if housing resources were unlimited it would probably be possible to do away with this time qualification) Owner occupiers are not considered

No application is considered until it has been registered for six months after which time the accommodation is inspected by the Burgh Surveyor and allocated points under the points scheme This takes into account sanitary conditions such as whether the w c. is inside or outside and the availability of a water supply Account is also taken of whether the accommodation is shared or not and the length of time on the waiting list (1 point for each six months) Medical points may be awarded on the basis of a form completed by the applicant's own G P

Applicants with 20 points or more are placed on the preference list. Those with less than 20 points are on the ordinary list and are repointed if their circumstances change The obligation to report a change in circumstances is on the applicant

1.2 ALLOCATION OF ACCOMMODATION

People are housed almost entirely from the waiting list, there being no slum clearance programme in Buckie and no one rehoused through a compulsory purchase order within the last year. Altogether 6 elderly people were rehoused during the previous year.

In order to make the best use of the available accommodation it is the Council's policy to move older tenants into smaller accommodation as their family size decreases, but movement is not stipulated. In fact, the Council seldom has smaller accommodation to offer. During the previous year 1 or 2 elderly tenants moved at their own request from larger to smaller accommodation, mainly for economic reasons.

A request has never been received to rehouse anyone from Part III accommodation, but anyone for whom such a request was made would not be given any special consideration and would have to take his or her turn on the waiting list.

1.3 CONDITIONS OF TENANCY

The Council is responsible for keeping the property wind and water tight. The tenants are responsible for internal redecoration, but, in exceptional cases, if the accommodation is in a poor state of decoration, the Council will redecorate on a change of tenancy, as well as making good any damage done by the outgoing tenant. Generally, the Council do the external decorations, but these may not have been done for some years.

1.4 FUTURE PLANS

A scheme of about 180 houses was being planned, about a quarter of which would be 2-room houses suitable for elderly people. Work was due to be started on this by the end of 1966, and the first units of accommodation handed over in 1967/8. A small development in Seatown was being contemplated which would incorporate about 12 specially designed 2-room houses for old people. It was felt that these plans would just about clear the existing waiting list of 250. The Town Clerk thought, however, that there were probably some old people in poor standard housing who would not apply for Council accommodation because they regard it as charity.

2.0 THE SAMPLE

Drawing the sample presented some difficulties, due to lack of records. Lists were prepared of all elderly people who had been rehoused in the previous 5 years, relying to some extent on the memory of the Department's staff. The list was limited to the past 5 years to limit the memory factor, both of the Housing Officials concerned, and those we would be interviewing. This sample yielded 15 addresses.

At the time of interview it was found that 3 of the people whose names had been given were in fact aged under 60 and therefore not eligible, and at one address the person named by the Housing Department was not known—the interviewer did check the name again with the Council.

Interviews were thus obtained at 11 addresses with 12 persons (in 1 case, both husband and wife were seen).

2.1 AGE AND MARITAL STATUS

The ages of men and women interviewed are shown in table 1

TABLE 1

Present age of those rehoused

Age	Men	Women	Both
60–64	1	2	3
65–69	—	3	3
70–74	1	3	4
75–79	—	—	—
80–84	—	2	2
All ages	2	10	12

Three of the sample were married (1 to a woman aged under 60), 4 women were single, and 5 were widowed

2.2 HOUSEHOLD COMPOSITION

Seven of the women were living on their own one with her 52 year old daughter, and one with her elderly brother who was not interviewed and a younger daughter The two married couples were living alone

2.3 LENGTH OF TIME LIVING IN BUCKIE BEFORE BEING REHOUSED

Seven of the informants had lived in the town for over 40 years, but 2 had lived there for under 3 years, and 3 for between 5 and 14 years

3.0 PREVIOUS ACCOMMODATION

3.1 LENGTH OF TIME IN ACCOMMODATION PRIOR TO REHOUSING

Five of the informants had lived at their previous address for less than 3 years and only 3 had been there for 20 years or more

3.2 TYPE OF DWELLING AND AMENITIES OF PREVIOUS ACCOMMODATION

(a) Ownership/tenancy

One person had been a Council tenant before she was rehoused, one was a leaseholder, 3 households were renting from private landlords, 4 were boarders and 2 were living rent free one with her family and one in a tied house

(b) Sharing amenities

Only 2 people had sole use of a kitchen, bath and w c. in their previous dwelling one of whom was the ex Council tenant All the others lacked or shared a bathroom 4 did not have a kitchen, 3 had no w c. and 3 others had an outside w c. These are higher proportions than in the general sample of people of retirement age where 38% did not have sole use of a bath only 1% had no w c and 25% had an outside w c

4.0 ACCOMMODATION AFTER REHOUSING

4.1 TYPE OF ACCOMMODATION

Three of the women living alone were rehoused in bed-sitters, 3 households were in 1-bedroom old people's houses, 4 were in ordinary 3-room houses, and 1 woman aged 60 was living alone in a 4-roomed Council house.

4.2 HEATING

Nine of the households used solid fuel fires as their main source of heat, but 5 of these also used an electric fire and 2 an oil heater. One household had an electric fire and the other gas.

Two households had not yet spent a winter in their new houses and 8 said they were warm enough in the cold weather, but 1 woman said she was cold because of draughts from the windows.

4.3 DISTANCE MOVED FROM PREVIOUS DWELLING

Seven of the old people had moved not more than a 10-minute journey away from their former homes, and 4 had moved between a quarter and half-an-hour away. One lady had moved a distance of over 45 minutes and had thought twice about moving because of this; she said she would still like to be nearer the shops and her church.

5.0 DID REHOUSED WANT TO MOVE?

Eight of the informants said that they had wanted to move, but four said they had to. 2 of the latter had moved because of slum clearance, 1 had been given notice to quit, and 1 because of bad health. 3 of those who wanted to move complained of the lack of amenities in their previous dwellings, the others all having different reasons. We will look again at the causes of the need for rehousing in section 10.

6.0 LENGTH OF TIME ON THE WAITING LIST

Only 3 households had waited 5 years or more before they were rehoused, all three being those who said they had to move.

7.0 WARDEN-SUPERVISED ACCOMMODATION

There was at the time of the survey no warden-supervised accommodation for elderly people in Buckie.

8.0 OTHER WELFARE SERVICES

Table 2 shows the numbers of people receiving other welfare services before and after rehousing.

TABLE 2

Number of people receiving service

Welfare service	Before rehousing	After rehousing
Home help	—	1
Meals-on-wheels	—	2
Health Visitor	1	—
Welfare chiropody	3	5

More of the informants were now receiving other help than before they were rehoused but the majority were still not receiving any other services

9 0 VIEWING THE ACCOMMODATION AND MOVING

Although all the tenants had seen over the accommodation before moving or exactly similar houses, none were shown over by someone from the Council 5 went on their own, 4 with relatives, and 2 saw similar houses where friends were living

Six of the households said that their tenancies had started immediately they had accepted the house 3 had 1 to 2 weeks and 2 had a longer period to consider the offer Only 1 couple said they would have liked more time to make their arrangements as, by an oversight, they were not informed when their tenancy was due to start and then had to move immediately

9 1 DIFFICULTIES WITH THE MOVE

No one had had any difficulty getting mains services laid on before they moved 6 people said they did not know they could have access to the house before their tenancy started to measure up for curtains etc, so 4 had waited till they moved in and 2 used their existing fitments

Eight of the 11 households were given help with the actual removal by their children or other relatives, 3 had no help but only one 60 year old woman had any difficulty and said she would have welcomed help from the Council

10 0 ASSESSMENT OF HOUSING NEED ON LOCAL AUTHORITY CRITERIA FOR REHOUSING

The points taken into account in assessing the need for rehousing were set out in paragraph 1 1 We will now examine in more detail the living conditions of the rehoused sample prior to their move to see how these criteria apply in practice

(i) Poor housing conditions—lack of amenities

Five households moved because of the bad conditions of their previous dwelling One had been a leaseholder and the others were renting privately 2 households who had no bath or w c. said their houses were condemned One had been on the waiting list for 1½ years but the other had been on the list for over 6 years 2 other households lived in rooms having no bathrooms and an outside w c. The last woman had had a w c. but no proper kitchen or bathroom she had been on the waiting list for over 6 years and was finally moved when the house in which she lived was sold

(ii) Bad health with poor amenities

One woman of 81 was rather confused and did not give a clear reason for her move She seemed however, to have considerable difficulty caring for herself She had the home help for 6 days a week and meals on wheels on 5 days In her previous house she had an outside w c and no bath

The second household in this category consisted of a widow aged 74, her brother and her 31-year old daughter They had been on the waiting list for 5 years had no kitchen or bathroom in their previous dwelling and said they had been moved 'on doctor's orders' She was permanently housebound

(iii) Boarders

Two women, one aged 60, and the other 73, had lived previously in boarding houses; the younger had found the cost too much and also was disabled and had difficulty with stairs—she had been on the waiting list for 3 years; the older had also been on the waiting list for 3 years.

(iv) Council tenant

There was only one previous Council tenant among those rehoused. This was a permanently housebound woman of 80 living with her daughter who exchanged a 5-room for a 3-room house.

The last case was an active woman of 66 who had previously lived with her sister in a house with all amenities. She said she had moved because she wanted a place of her own. She had been on the waiting list for 4 years.

Thus we can see that, as stated, poor housing amenities, bad health, and the sharing of accommodation are most likely to lead to a need for rehousing.

To estimate the need in Buckie we will look for the prevalence of these sorts of conditions, first among those on the waiting list for Council housing, and then among the general sample of people of retirement age in the Burgh.

10.1 WAITING LIST

The names and addresses of the 18 people on the waiting list for 2-room dwellings were obtained from the Housing Department. At 1 address, the named person had died, at another she was not yet aged 60 and therefore ineligible for interview. 1 man was away until after the dates of the survey and 1 man aged 61 was living and working in Rosyth—he was a native of Buckie and hoped to return there when he retired. Thus interviews were obtained at 14 addresses, 16 people being seen.

Age and sex

There were 13 women and 3 men interviewed: their ages are compared with those of the rehoused sample at time of rehousing in table 3.

TABLE 3

Age of those on the waiting list

Age	Waiting list	Rehoused sample at time of rehousing
60–64	4	4
65–69	5	5
70–74	5	1
75–79	2	—
80 and over	—	2
All ages	16	12

There is no significant difference in the ages of the two groups.

Household composition

Of the 14 households, 3 were married couples (1 husband was not interviewed), 10 were living alone (8 widowed and 2 single women), and 1 woman was living with her son and his young family.

Length of time on the waiting list
Twelve of the 14 households had been on the waiting list for 4 years or less one said she had applied 12 years previously and one could not remember how long ago

Type of tenancy
Eight of the households were renting their houses privately 2 were Council tenants 1 was a leaseholder, 2 were living rent free in houses owned by another member of their family and 1 man was living in a tied house the use of which counted as part of his wages

Reasons those on the waiting list want to move
The reasons given by the older people on the waiting list can be roughly arranged in the same categories as those we found for the rehoused sample —

(i) Poor housing conditions—lack of amenities
Four women were living in houses with no baths or inside w c s 2 of these women also had no proper kitchen All were having trouble with their land lords 2 said that the landlord was at present involved in a court case to remove them another said her landlord wanted the house and the last said the landlord is nasty' 2 of them had been on the waiting list for a year 1 for 2 years and 1 could not remember how long

(ii) Bad health with poor amenities
Three women living alone and 1 married couple had difficulties living in their present accommodation caused by the lack of amenities The women com plained mainly of difficulty with stairs and all had at least 2 flights of stairs up to their houses 2 of them also had outside w c.s The 1 woman who did have a w c though no kitchen or bath said she had first applied for rehousing 12 years previously she was now aged 79 The others had waited 3 and 4 years.

The married couple aged 71 and 73 only lacked a bathroom but said the house was owned by the Ministry of Works and they might have to get out any time They both had angina having difficulty with stairs and said they had doctor s support for their application which had been entered less than a year previously

(iii) Council tenants
Two households one a couple in their early sixties the other a woman of 66 living with her son and family said that they wanted to move to a smaller dwelling the couple had 5 rooms and the woman s family were moving to a house of their own so that their present dwelling would be too big for her

(iv) Homeless
One man of 65 was living in a tied cottage with 6 rooms and an inside w c He had no difficulties but said he would need somewhere to live when he retired

A woman aged 62 was living rent free in a house owned by her sister. The sister and her family were due to return from Singapore, when the informant would have to move and find somewhere to live. She was active.

The above 12 households would seem to qualify for rehousing, but the remaining 2 would seem to have less need.

One of these was a married couple, both in their early 60s, who were leaseholders of a 5-room house with an indoor w.c., though no bath. The wife said they needed a smaller house, but both were fit and active, the husband still working full-time.

The other was a woman of 72 living rent free in part of a house owned by her children, the other part being let to a sub-tenant who gave the woman 10s. a week. She said the house was too big for her, although she was only using 2 rooms herself, and did not mention any difficulties with the housework. Her real wish was to go into a Residential Home so she would be looked after, but she said she could not be given a place as long as the tenant stayed. Rehousing would not seem likely to improve her position in any way.

If we assume that the man who was away at the time of the survey would also qualify, there were on the waiting list at that time 13 elderly person households who would qualify for rehousing.

10.2 NEED AMONG OLDER PEOPLE IN BUCKIE

In the general sample, 642 persons of retirement age living in Buckie were interviewed (219 men aged 65 and over and 423 women aged 60 and over). Of these, 543 (85%) said they would like to stay in their present homes and would not accept a Council place. 19 others said they would like to move but would not accept a Council place. Of the 80 persons who said they would accept a Council place, 45 said they wanted to move and we will consider these first.

Those who want to move and who would accept a Council place

Of the 45 persons, 11 were on the waiting list and have already been examined. A further 3 were owner-occupiers and therefore ineligible for rehousing. The 31 persons remaining made up 23 elderly person households of which 10 were already Council tenants.

Six of the 13 non-Council tenants had outside lavatories and no fixed bath. 3 of them also lacking a kitchen. Only 1 of these had any serious physical difficulties, a woman of 79 living with her daughter and son-in-law. She had difficulty getting about and found the stairs and going outside to the lavatory were too much for her, but all 6 households would seem to need rehousing because of their poor accommodation.

Of those with inside lavatories, 6 had no need of rehousing, 5 of them wanting for various reasons to move to a different part of the town or country but having good housing and no health problems, the other one complaining that because the house next door was falling down, hers was becoming damp.

The last case was a married couple in their 70s, the wife being bedfast and the husband doing everything about the house. They said they wanted a smaller house which would be easier to clean, and it seems they do have a need for rehousing.

Of the 10 Council tenants, 7 were living in houses with 4 or more rooms, 4 of these saying they wanted a smaller place, 2 wanting a 'low door' house because they found the stairs difficult and 1 disliking the area in which she

although having no apparent difficulty in managing All except the latter would qualify for a transfer to a smaller dwelling if these were available, although their need would not be as urgent as for those living in houses lacking amenities

Those who do not want to move, but who would accept a Council place

Thirty five other informants said they would accept a Council place although they at first expressed no wish to move from their present accommodation 4 of these were owner-occupiers, the remaining 31 comprising 23 households

Nine were already Council tenants and all were managing and happy in their present dwellings, although 4 had 5 rooms which was in excess of their needs and might be transferred if smaller accommodation was available

Similarly the 14 households in non Council accommodation, 4 of whom had an outside w c, were content with their present conditions and fit and able to look after themselves Some of them mentioned that they would like a smaller house but were having no difficulties with the housework

It should be noted here that no attempt was made to assess the points that informants might have on the Burgh's housing scale as we did not have full details concerning each case (in particular we could make no estimate of the points that might be awarded for health) We have considered to be in need of rehousing those elderly people who seem to be living in the same kind of circumstances as those who have been rehoused in past years

Most of the households we considered needed rehousing had outside lavatories (which gives 4 points) and some had no kitchen (4 points) In addition there would be points for poor health and for the general sanitary condition of the house and 1 point for each 6 months on the waiting list At the time of the survey 20 points were needed to assure a place, but presumably if sufficient housing could be provided a lower level would be set

Thus using the method outlined above, we found 7 households living in non-Council accommodation who would qualify for a Council place, plus 13 households already in Council houses who would qualify for a transfer to a smaller place so that their large dwellings could be used more efficiently

Our sample consisted of 642 persons, the Census 1966 gives a figure of 1,160 for the retirement population of Buckie Small Burgh, so we would estimate that the need among older people in the Burgh is for 36 old persons' dwellings Adding to this the 13 households already on the waiting list gives a final estimate of 49 dwellings, of which 25 would be needed to transfer old people occupying larger Council houses

Buckie's future plans (1 4) cover some forty five 2-roomed houses which would be suitable for elderly tenants which would appear to be adequate for housing the elderly in need However, there are indications that some of these will be used for general housing purposes If the Authority would bear in mind that by rehousing half the elderly people, who, using their own criteria, we found to be in need, they would release larger Council houses for more general rehousing and 2 households might benefit from 1 new dwelling

III OTHER HEALTH AND WELFARE SERVICES

Information on the Welfare and Health Services which benefit elderly people, apart from the Home Help Service, Part III accommodation and housing which have been dealt with separately, was obtained from the M.O.H., the County Welfare Officer and the Depute County Welfare Officer on June 14th 1966. The Health Visitor and the District Nurse provided additional information.

1.0 HEALTH VISITORS

There was at the time only one Health Visitor in Buckie; a second Health Visitor was due to be appointed within a year. She was responsible for visiting children, handicapped persons, T.B. cases, mental health cases, the elderly and cases of broken homes. She was compiling a register of all the elderly in Buckie. The Health Visitor works in close co-operation with the Welfare Department, and wears a navy blue uniform similar to that of the District Nurses.

1.1 DISTRICT NURSES

There were two full-time District Nurses in Buckie. At the time of the survey both worked from one house central to the town. It was planned in the future to provide two houses, one at either end of the town, so that the nurses would be more conveniently situated to their respective geographical areas.

Auxiliaries are not employed to help with bathing, it being felt that if the District Nurse does this it provides her with the opportunity to keep a check on the patients' condition. In the case of incontinent patients the G.P.s issue pads on the National Health Service, and the County Public Health Department have macintoshes and draw-sheets that can be loaned. The W.R.V.S. are ready, if necessary, to provide a laundry service, but so far there had not been any real need for this.

1.2 CHIROPODY

The British Red Cross Society runs the chiropody service for the County as a whole, and receives a 50% subsidy from the County Health Department. The service costs about £2,000 a year. Apart from clinics, domiciliary visits are made to the housebound. The service is free to all old-age pensioners irrespective of income. There is usually a collection box in the clinic. Application for treatment is made through the G.P. or the District Nurse.

1.3 MEALS-ON-WHEELS

The meals-on-wheels service is run by the W.R.V.S. and subsidised by the Welfare Department. 3 meals a week are delivered to each person at a cost of 1s. per meal. Because of the size of the bowls it was possible to give some people a double portion to tide them over the following day when a delivery was not made.

During term time the County Council supplies the meals from the school kitchen in bulk containers to the W.R.V.S., who use the British Legion kitchens to divide it into individual portions. During school holidays an arrangement is made with local hotels to provide the meals. The W.R.V.S. distribute the meals by car, reimbursing the owners at a rate of 6d. per mile.

At the time there were 10 elderly people having meals delivered Any elderly person is eligible for the service an investigation is not usually made because enough is known about them to know if they are genuine

The M O H thought that some old people would not accept meals on wheels as they thought the service a charity He thought a meals club would not have this flavour and consequently would be better patronised The housebound and bedfast probably are being provided meals by a home help or a neighbour and the greatest need is for the solitary old person who has lost interest in cooking This is the type of person that would benefit most from a meals club

1 4 HOSPITAL BEDS

There is a shortage of available geriatric hospital beds There is an establishment of 12 geriatric beds at Buckie Hospital although in practice more than 12 are used for geriatric cases Slightly senile cases go to Bilbohall Hospital Elgin a mental hospital with a special geriatric section An attempt is being made to get a geriatric assessment unit at Bilbohall where old people can go for a few days investigation to determine their real needs There is one at present at Aberdeen but it is always full Unfortunately Bilbohall always having been a mental hospital has a poor image

1.5 GENERAL INFORMATION

The Public Health Department is trying to compile a register of all the old people in Buckie The Health Visitor and District Nurses are at present the main sources of information on where there are old people

The M O H. used an expressive phrase to describe his attitude towards Residential Homes for the elderly the 'revolving door By this he meant that Part III accommodation should not be regarded as a last resort but as a place old people can go in and out of as required This implies of course that there should be suitable housing and domiciliary services available for them when they leave the Home

IV RESIDENTIAL HOMES

The County Welfare Officer for Banffshire and h s Dep [illegible]
requested [illegible]

There [illegible]
t me as fo[illegible]

10 in Netherha Home Buckie
2 in Campbell Home Cullen
1 in Linn Home Keith

There are no Voluntary Old People s Homes in the County

1 0 WA[illegible]
There [illegible]
4 of [illegible]

[illegible] is made on grounds of urgency irrespective of whether the applicant is in hospital or at home If it is convenient an exchange will be effected between a hospital and a Welfare Home

Most referrals apart from applications from hospitals come from the G P s but a doctor s certificate is not necessarily required Each applicant is visited

either by the Welfare Officer or his Deputy. No regular visits are made to those on the waiting list by the Welfare Officer, but the District Nurse and Health Visitor are usually in touch.

People are considered suitable for Part III accommodation if they are not seriously incontinent, and if they are ambulent, even if they need some assistance up and down stairs. The Department does not insist that the old people should be able to dress and undress themselves completely without assistance, nor are those who become incontinent during their stay necessarily referred to a hospital. As long as the Home can cope with them, they will.

Because of the shortage of geriatric beds, frail ambulents who should be in hospital are admitted to Part III accommodation both from their own homes and from hospitals.

1.1 ALLOCATION TO A HOME

The only difference in the allocation of people to the different Homes is that because the more frail cannot usually manage stairs, they have to wait for a vacancy in one of the two Homes with accommodation on the ground floor, Netherha' or Rose Innes. As far as possible local people are allocated a vacancy in a nearby Home, but with the shortage of places this is not always possible. The experience is, however, that once people have settled in a Home, even if it is not in their local area, they are not quite happy and do not wish to move again.

People who have a home of their own are advised not to give it up until they have been in a Residential Home for a while, and are quite sure that they wish to become permanent residents. The N.A.B. have, on occasions, continued to make an allowance to enable an old person to keep their own home on for a while. No one has ever decided against becoming a permanent resident.

Although enquiries have been received about short-term stays for holidays or to relieve relatives, there has never been any spare accommodation to enable the Department to offer this service.

1.2 NETHERHA' HOME, BUCKIE

The Deputy County Welfare Officer took us on a visit to Netherha' Home. It was opened in 1956 and was, at the time, the only purpose-built Old Persons' Home in the County. It is situated on 1½ storeys, i.e., the upper floor is part attic, and has dormer windows. The front of the Home faces towards open fields, while the gardens at the back are contiguous with those of a housing estate, and there is a gate leading to the estate. Residents in the grounds can chat over a short paling fence to younger people working or playing in the gardens, and can look out of windows and see plenty of activity. It caters for both men and women, and although there are 2, 3 and 4-person rooms, most of the accommodation is in single rooms. Each resident has her own bedside locker (which can be locked), and wardrobe and dressing table space. Each bedroom is fitted with a wash basin. The wallpaper, curtaining and bedspreads vary from room to room, and there are three communal sitting rooms for the residents, a general sitting room with TV, a quiet writing/reading room and, for the men, a smoke room with TV. There is no barrier between the men's and women's sections, but they are in opposite wings, with the communal rooms in between.

The bathroom doors are fitted with a large porthole directly opposite the w c pedestal Although this enables the staff to check that the residents are all right, it does cut down on their privacy

1 3 DISCHARGES

It was felt that some residents have improved considerably since admission and could possibly be discharged, but the Welfare Officer doubted whether this improvement would be maintained if they were on their own again Also once in residence, the old people do not wish to leave The Deputy Welfare Officer cited the example of the elderly woman who was living a hermit exist ence in a hovel After months of visiting, she was finally persuaded to try going into a Home for a while, and after a very short time was so happy that she regretted the years when she could have been in the Home, but was not

Beds are kept for those going to hospital until it is quite certain that they will not be returning

1 4 FUTURE PLANS

Approval has been received for a new Home catering for 40 residents at Portsoy It will be on similar lines to Netherha' Home and is expected to be completed within about 3 years There were no plans at the time for sheltered housing Aberdeen County Council was in the process of building a warden supervised scheme at Dyce and the Council was waiting to see how this worked out

2 0 THOSE IN RESIDENTIAL HOMES

Twelve of the 13 people in County Homes who came from Buckie were inter viewed the thirteenth being mentally confused

2 1 AGE AND SEX OF RESIDENTS

There were 5 men and 7 women Their ages on admission and at time of interview are shown in table 1

TABLE 1

Age of residents on admission and at time of interview

Age	No of residents	
	On admission	When interviewed
60–64	1	—
65–69	4	2
70–74	1	3
75–79	5	4
80 and over	1	3
All ages	12	12

2 2 MARITAL STATUS

Seven of the residents were widowed (5 women and 2 men) and 5 were single (2 women and 3 men)

3.0 ATTITUDE OF RESIDENTS TOWARDS THE HOME THEY ARE IN

3.1 WILLINGNESS TO BECOME RESIDENT

Four men and 4 women said they had wanted to enter a Home, most saying that they needed more care and attention, the others wanting company, or being nervous of living alone.

Three of the 4 people who did not want to become resident said that they had needed to be looked after, the other wanting to get away from his previous house when winter came because it was too close to the sea.

3.2 WHO SUGGESTED BECOMING A RESIDENT

Four people had had the idea of going into a Home themselves, 3 had been advised by their doctor, 3 by the staff of the hospital where they were patients and 2 by members of their family.

3.3 LENGTH OF TIME ON THE WAITING LIST

The longest time anyone had had to wait for a place in a Home was 2 years; 5 people had been admitted within a month and a further 3 within 6 months.

3.4 PRE-KNOWLEDGE OF WHAT TO EXPECT

Two women said that when they first entered the Home, they regarded it as being for a trial period. One said that her original idea had been to stay until she was fit again but had since realised that she was helpless; the other wanted to see if she liked the Home but said that she had given up her house and furniture.

Only 2 of the 12 residents saw over the Home before moving in, 1 being taken by the Welfare Officer and the other by a hospital social worker. 4 people were told something about the Home and assured that they would be happy, and 2 of these thought that it helped them to settle down.

3.5 WHETHER RESIDENTS LIKE THE HOME THEY ARE IN

Eight of the 12 residents liked the Home they were in, 1 man who had been at sea all his life saying that he had settled very happily because the long corridors in the Home reminded him of a ship. 3 people had reservations about their Home, 1 saying that she had been given too many tablets and also missed her privacy, 1 missed her dog and complained of the lack of choice of food, and 1 complained about having to conform to so many rules and regulations. The last person was very unhappy—she was in a Home at Keith, over an hour from Buckie, and was very lonely, missing her friends.

3.6 DISTANCE AWAY

Apart from the woman mentioned above, none of the residents had any complaints about the distance from their previous homes, 6 being up to 15 minutes away and 5 between quarter and half-an-hour away.

4 1 PREVIOUS ACCOMMODATION
Four of the residents had been in hospital immediately before entering the Home but before that had lived in a home of their own

Eight of the 12 residents had occupied a whole house or bungalow when last living at home 3 renting privately, 2 being leaseholders, 2 Local Authority tenants and 1 an owner 2 of the residents had lived in flats, 1 L.A and 1 privately rented 1 had been a boarder and the last had lived rent free with his brother

4 2 AMENITIES
Three of the 12 had sole use of a kitchen, bathroom and w c. in their previous dwelling but 4 of the others had an outside w c. and none, apart from the man in the boarding house, had a bathroom

4 3 WITH WHOM RESIDENTS LIVED AT HOME

Admissions from hospital
Three of the women who were admitted to a Home from hospital had before that lived alone 2 of them were in hospital for 2 years, 1 was too ill to return to her own home and the other was afraid of living alone after so long in hospital. The third woman also needed constant care when she left hospital The last person had lived with her husband in a Council prefab before going into hospital He had died either just before or during the time she was in hospital and when she was ready for discharge, the doctors had suggested she enter a Home

Admissions from own home

(a) Living on own
Three of the 5 who had been living alone before entering a Home were women One entered because she was crippled with arthritis and could not look after herself the other 2 had [illegible] home [illegible] Home but did not say why [illegible] aged 68 and 81, had also been managing fairly well but had been afraid of being alone should their bad health return

(b) Living with elderly relatives
One man had been living rent free with his brother in a house without a bathroom or inside w c until when he was 71, his brother suggested amicably that he needed to be looked after

Another man had been at sea all his life and had only lived with his sister for a brief period before going to a Home at the age of 64 because he was going blind

(c) Boarder
One man had been in a boarding house when at the age of 78, the doctor advised him to go into a Home his room had been 5 storeys up and he had difficulty managing the stairs

5.0 ABILITY TO LOOK AFTER THEMSELVES

Of the Buckie residents, 1 man and 1 woman were permanently housebound at the time of interview, the former because of his blindness.

The number of residents who, prior to admission, had some difficulty with locomotion or self-care is shown below.

	Men	Women
Difficulty in going out of doors	1	1
Difficulty in going up and down stairs	2	5
Difficulty in getting in and out of bed	—	1
Difficulty bathing	—	1
No difficulty with any of above	2	2

All the women had cooked for themselves, 1 experiencing difficulty due to arthritis. 2 men cooked for themselves, the other 3 being catered for by some-one else in the household.

Similarly all the women had been responsible for their own housework, but 2 had some difficulty. 3 of the men had done most of the housework, 1 having difficulty.

5.1 HEALTH AND WELFARE PROVISIONS

None of the residents before entering a Home had had a home help, meals-on-wheels, or visits from the Health Visitor or District Nurse. In the general sample of old people in the Burgh, 0.8% had a home help, 0.3% meals-on-wheels, 0.3% visits from the Health Visitor and 3.3% visits from the District Nurse. 2 women residents had previously had welfare chiropody compared with 15% of the general sample, and 1 man and 1 woman saw the doctor regularly (17% of general sample).

6.0 NEED FOR RESIDENTIAL PLACES

There are 2 points to consider. The first is, are the present residents best served by living in a Home or should they be living in a domestic household; the second is, are there any elderly people who are living in such circum-stances that they would be better off in residential accommodation.

All the residents we interviewed had entered a Home because for various reasons they were unable to look after themselves or they were lonely. Since there was no evidence that the situation had changed, and since all the resi-dents, when asked, thought it best to stay where they were, it may be assumed that it is in their best interests to remain in a Home. There was no evidence in Buckie of any person being put in a Home because of the lack of housing.

At the time of the survey we were told that there were 9 elderly people living in Buckie on the waiting list for places in Residental Homes in the County but we discovered on interviewing that one of these, a widow aged 88, had not in fact been a resident of Buckie. Of the others, 4 were living at home and 4 in hospital.

Of those living at home, 1 refused to be interviewed and 1 was away from home. The remaining 2 people were interviewed:—

One was a woman of 75 living with her nephew and his wife and 2 children. She was very deaf and a diabetic and her niece said that the doctor had sug-gested she go into a Home. The old lady herself said that she was happy with the way she was living and was not thinking of entering a Home. Soon after

the interview took place, it was ascertained that she had been placed in a Home.

The other was a woman of 73 years living in a Council house to which she had only recently moved, having previously lived in a boarding house from which she had to move when her landlady died. She said she wanted to enter a Home, 'because she wanted to be independent of other people' but she had no difficulties with her housekeeping, had no welfare services, and although she had difficulty with stairs was living in a ground floor flat. She therefore did not seem to have an urgent need for a place in a Home.

Of the 4 applicants in hospital, 1 could not be interviewed as she was under drugs for sedation and 1 was not contacted. The other 2 were as follows:—

Man, aged 80, who had been in hospital for between 6 months and a year. He had previously been living as a boarder but could not return there as the house had since been sold. He was in hospital because 'his legs weren't very good' and was now ready for discharge although he still did not feel he could go out by himself. He obviously needed care and could not live on his own, and was just waiting for a vacancy in a Home to become available.

The last woman was aged only 62 but was very mentally confused. She seemed physically fit and had previously lived with her sister, but was obviously in hospital because of her mental condition and not capable of living on her own.

Thus of the 8 people from Buckie on the waiting list we were only able to interview 4, of whom only 1 seemed to have an immediate and urgent need for a place.

In the general sample of people of retirement age, only 11 people said that they had ever considered entering a Home and 3 of these no longer wanted a place, 2 because their situations had changed and they were now living more comfortably, the other being a woman of 64 who said she only thought of going into a Home when she was depressed.

Three of the other 8 people were thinking of a possible future need but did not want a place at present, 2 women realising that living alone they might want to become resident when they could no longer look after themselves, and another woman living with her 2 daughters who thought she would need a place if it was no longer possible to live with one of them

Three women who were thinking [illegible] alon[illegible] look[illegible] Home. [illegible] The other 2, aged 78 and 72, were less fit, having difficulty running their homes and feeling they needed the care provided in a Home. One already had her bags packed but had been told she could not be given a place while she had a sub-tenant living in her house, which belonged to her son and in which she was living rent free.

One man aged 78 lived with his brother-in-law who looked after him but wanted to go into a Home because 'You would have somebody there—here there is nobody'.

The last case was a married couple; the husband, aged 86, was blind and the wife, aged 73, suffered from asthma and had difficulty, particularly in the winter, doing the housework. The husband had never thought of going into a Home but the wife felt she needed more help in caring for him.

If we include this couple, there were 6 people in our sample who either needed or wanted a place in a Residential Home. This would be equivalent to 11 people in the whole of Buckie. If we allow for those on the waiting list, there would not seem to be a need for more than 15 places to accommodate old people in the Burgh who need a place in an Old People's Home.

Questions addressed to all samples of elderly people, except those in Residential Homes

SOCIAL WELFARE FOR THE ELDERLY

SS 3

(i) Interviewer

Authorisation No .. ...

(ii) Date of interview 1966

(iii) Time interview started

(iv) No of calls made

(v) Order of interview or non-contact

(vi) Result of final call

Interview completed	..1
Interview part completed	.2
No interview	3

(vii) Person interviewed —

Subject (singly) ..	..4
Subject (jointly)	5
Subject helped by proxy	6
Proxy	7

Where subject is at home, but is too confused or irrational or too ill to be interviewed (excluding temporary illness where an interview may be carried out at a later date) someone who is responsible for looking after the subject (a proxy) should be asked.

If on more than one sample record both (all) Serial Nos.(i)

(viii) Serial No(s).

Area	(a)	(b)	(c)	(d)	(e)	(f)

(ix) Name of subject. .. (BLOCK CAPS)

Address ...

.. ..

..

(x) If Non-contact or Refusal—Reason—giving as much detail as possible e.g. if seen, appears active, walks with stick, etc., or out at work. Get Household composition and as much detail as possible.

[INTRODUCE—To begin with I'd like to ask how you manage]

1 Are you usually able to get out and about all right (apart from bad weather)?

Yes ..	Y
No	X

2. Establish whether informant is —

BEDFAST, permanently	1 ask (ai) (b)
BEDFAST temporarily usually HOUSEBOUND	2 ask (aii) (b)
BEDFAST temporarily usually GOES OUT	3 go on to 3
HOUSEBOUND permanently	4 ask (aii) (b)
HOUSEBOUND temporarily usually GOES OUT	5 } go to 3
USUALLY GOES OUT ...	6 } go to 3

Temporarily covers any disability from which subject is expected to recover e.g. broken leg makes subject bedfast, or at present housebound because of bad cold.

Housebound includes those who normally only get as far as the front gate or garden, etc.

Goes out includes those who can only go out with a helper but where a helper is generally available

If bedfast permanently (1) ask

(ai) What keeps you in bed?

If usually housebound (2, 4) ask

(aii) What stops you going out?

(b) How long is it since you've been able to get up (go out)?

1 month or less	Y
Over 1 month —3 months	X
Over 3 months—6 months	0
Over 6 months—1 year	1
Over 1 year —2 years	2
Over 2 years —3 years	3
Over 3 years —4 years	4
Over 4 years —5 years	5
Over 5 years —10 years	6
Over 10 years	7
Vague/a long time/D K....	8

3. How do you manage about your housekeeping arrangements?

Who usually prepares and cooks most of your meals?

ONE CODE ONLY

Self	Y ask (a)
Spouse	X
Joint self/spouse	0 ask (a)
Child (in-law) in household	1
Child (in-law) outside household	2 ask (b)
Other relative in household	3
Other relative outside household	4 ask (b)
Other person in household	5
Friend/neighbour outside household	6 ask (b)
Meals-on-wheels/Home Help	7 ask (b)
Private domestic help	8
Eat most meals out	9

If cooks and prepares own meals (Y) or joint (0)

(a) Are you able to get at least one cooked meal a day without difficulty?

Yes	1
No	2 ask (i)

If some difficulty (2)

(i) What is the difficulty?

GO ON TO QN. 4

If meals prepared by others outside household (2, 4, 6, 7)

(b) Do you always get at least one good cooked meal a day?

Yes	4
No, not wanted every day	5
No	6
Other answers (specify)	7

4. Who usually does most of your shopping?

ONE CODE ONLY

Self	Y ask (a)
Spouse	X
Joint self/spouse	0 ask (a)
Child (in-law) in household	1
Child (in-law) outside household	2 ask (b)
Other relative in household	3
Other relative outside household	4 ask (b)
Other person in household	5
Friend/neighbour outside household	6 ask (b)
Home Help/welfare worker	7 ask (b)
Private domestic help	8
Other person outside h/d (Specify)	9 ask (b)

If does own shopping (Y) or joint (0)

(a) Are you able to do your shopping without much difficulty?

Yes	1
No	2 ask (i) (ii)

If some difficulty (2)

(i) What is the difficulty?

CODE ALL THAT APPLY

Can't carry (heavy) shopping	1
Can't walk too far (to shops), etc.	2
Shops too far away, transport difficult	3
Other (specify)	4

	5	6
7	8	9
Y	X	0

(ii) How do you manage?

GO ON TO QN. 5

If shopping done by others outside h/d

(b) Does this work out alright?

Who usually does most of your housework?

Self	Y ask (a)
Spouse ..	X
Joint self and spouse	0 ask (a)
Child (in-law) in household	1
Child (in law) outside household	2 ask (b)
Other relative in household	3
Other relative outside household	4 ask (b)
Other person in household	5
Friend or neighbour outside household	6 ask (b)
Home Help	7 ask (b)
Private domestic help ...	8
Other person outside household (specify) ..	9 ask (b)

If does own housework (Y) or Joint (0)

(a) Are you able to do your own housework without difficulty?

Yes	1
No	2 ask (i) (ii)

If No (2)

(i) What sort of things do you have difficulty with?

CODE ALL *THAT* APPLY

Jobs involving bending/kneeling/stretching	Y
Heavy jobs (carrying coals/turning mattresses, etc.) ..	X
Laundry/ironing	0
Window cleaning	.. 1
Others (specify) ...	2
	3 4 5 6 7 8 9

(ii) How do you manage to do them?

GO ON TO QN 6

If done by others outside h, d

(b) Is this satisfactory or would you like more help?

Satisfactory	1
Like more help	2

I'd particularly like to ask about window cleaning

6 Do you do them yourself pay someone to clean the windows for you or does someone in the household do them?

CODE ALL THAT APPLY

No one	0 ask (a)
Self	1 ask (a)
Someone else in household	2 ask (a)
Pay someone	3 ask (b) (c)
Someone (not paid) outside h d	4 ask (d)
Home help	5

If no one (0), self (1) or someone else in h, d (2)

(a) Do you (they) have any difficulty doing them?

Yes	6 ask (i)
No	7

If has difficulty (6)

(i) Would you like someone to come along and clean your windows?

Yes ..	8
No	9

Go on to Qn. 7

If pay someone (3)

(b) How often does he do them?

(c) How much does it cost each time?

Go on to Qn 7

If someone (not paid) outside h d (4)

(d) Who does them? (position)

7 Do you usually have any difficulty

	Yes	No
(i) Going out of doors on your own?	Y	X
(ii) Going up and down stairs on your own?	0	1
(iii) Getting about the house on your own?	2	3
(iv) Getting in and out of bed on your own?	4	5
(v) Washing yourself?	6	7
(vi) Bathing?	8	9
(vii) Dressing yourself?	1	2
(viii) Cutting your own toenails?	3	4

8 Do you go to a chiropodist (have your feet done)? (Establish whether private or welfare)

Yes (private)	Y ask (a) (b)
Yes (welfare)	X ask (a) (b)
No	0

If Yes (Y) (X)

(a) *How often do you* have them done?

(b) Do they give you any trouble between visits so that you would like to go more often?

ONE CODE ONLY

Trouble would like more often	1
Trouble not like more often	2
No trouble like more often	3
No trouble not more often	4

TO ALL
Introduce—I'd like to ask about other services provided by the Council or the Welfare (and any Vol. Organisations).

9. Do you have a Home Help?

Yes .... 1 see note—
No. .... 2 on to Qn. 21. Ask Qn. 21–23

[Use as check question if already told has home help or home help Sample.]

Home Help Sample—ask Qn. 10–20, 24, 25 Rest having home help (not sample)—on to Qn. 26.

10 For how long have you been having a home help?

[Note: Qns 10–20 refer to present period—if previously had home help, note details here]

11. Who first suggested you ought to have a home help (this time)?

12. Why did ..... think you ought to have one (this time)?

13. How many days a week does she come?

14 What days does she come?

CODE ALL THAT APPLY

Monday .. 1
Tuesday 2
Wednesday .. 3
Thursday . 4
Friday .. 5
Saturday 6
Sunday 7

[If comes different days some weeks—note circumstances here]

15 What time does she usually come?

If 2 visits per day code both

Before 8 a m . 1
8 a m–8 55 .. 2
9 a.m–9 55. . 3
10 a m–10.55 4
11 a m–11.55 . 5
12 noon–12 55 6
1 p m–1 55 .. 7
2 p.m–2 55 8
3 p m or later.. 9
Any time in morning (varies) 0

16 How long does she stay?

1 hour per day. 1
1½ hours per day 2
2 hours per day . 3
2½ hours per day 4
3 hours per day.. . 5
Other periods (specify) per day .. 6

Check No. of days (Q13) and No. of hours (Q16)

17 That means she comes for (write in No) hours a week?

18. How much do you pay for your home help per week?

[If answer given per hour record and work out later.]

. s. . ... .d.

If paying more than the minimum rate

19. Would they let you have her more days or for longer periods, if you could afford to pay for the extra hours involved?

Yes 1
No 2
Don't know 3

ASK ALL
20. Do you usually have the same home help or do different home helps come?

Usually same home help .... Y
Other answers (specify) X

GO ON TO QN. 24

21. Have you had a home help in the last 5 years?

Yes .... Y ask (a)
No .... X ask Qn.2

If Yes (Y)
(a) How long ago did she stop coming?
(b) Why did you have her then?
(c) Why did she stop coming?
(d) Would you have liked her to have kept coming?

Yes 1
No. 2

22 Do you think you need a home help now?

Yes 4
No 5

Record comments

23. Is there anything at all that might lead you to refuse a home help, or not to apply for one?

No, nothing 0
Other answers (specify) 1

O

GO ON TO QN. 26
Page 6

... HELP SAMPLE only

I d like to read you a l st of ... help does

24 If Yes (a) ... ays she doesn t come?

If No (b) ... your own ... or does someone help you? [If does own—probe d fficulty If other person, probe relationship and note whether part of household]

(a) Dusting/polishing/sweeping		(b) Cleaning floors, etc		(c) Make fires/fill coal buckets	
Yes	1	Yes	1	Yes	1
No	2	No	2	No ..	2
				D N.A (no fires)	3
(d) Make the beds		(e) Wash up		(f) Prepare and cook light meals	
Yes	1	Yes ..	1	Yes	1
No ..	2	No	2	No	2
g) Make tea/coffee		(h) Help you wash yourself/bathe.		(j) Do some laundry here	
Yes ..	1	Yes	1	Yes	1
No	2	No	...2	No	2
hopping?		(l) Take washing to Laundrette		(o) Do you send any washing to the laundry? If so, what articles?	
Yes	1	Yes	1	No washing to laundry	0
No	.2	No	.2	CODE ALL THAT APPLY Bed-linen	1 } ask (a)
		(m) Collecting pension/allowance		Towels	2
		Yes	..3	Table linen	3
		No	4	Other household	4
		(n) Does she do anything else? If so, what?		Personal laundry	5
		Yes ..	.5	If any sent (1 5) (a) How much does it cost per week?	
		No	6		

Qn. 25 applies to HOME HELP SAMPLE ONLY. Other Samples—GO ON TO QN. 26.

25. If the home help could come more often, or stay longer, how would you like her to spend the extra time? Would you like her to

INDIVIDUAL PROMPT

Do some things more often? (Specify which things) Yes ... Y / No ... A

Spend more time on things she already does (Specify) Yes ... X / No ... B

Do jobs she doesn't do now (Specify) Yes ... 0 / No ... C

ASK ALL

[Apart from home helps there other health and welfare services—I'd like to ask about some of them.]

26. Do you have meals-on-wheels delivered?

Yes ..... Y ask (a)

No 0

If Yes (Y)

(a) How many dinners a week? ....

[Where part of dinner is saved for next day, this is only one dinner.]

If also has home help—ask (b)

(b) Were you getting them before you first had the home help, or did they start coming after you had the home help?

Before home help 1

About the same time 2

After home help 3

27. Does the District Nurse call on you now?

Yes ..... Y ask (a)-(c)

No 0

If Yes (Y)

(a) For about how long has she been attending you?

....

(b) What help (treatment) does she give you?

(c) How long does she stay?

28. Does the Health Visitor call on you now?

Yes ..... Y ask (a)

No 0

If Yes (Y)

(a) For about how long has she been coming?

29. Do you have anyone coming from the Welfare just to visit you?

Yes ..... Y

No 0

Apart from the things we've mentioned before—

30. Do you have any other welfare services?

Yes ..... Y ask (a)

No X

If Yes (Y)

(a) Specify

31. Are you attending a hospital out-patients or clinic?

Yes ..... 1 ask (a) (b)

No 2

If Yes (1)

(a) How often do you attend?

(b) How long do you have to wait before you see the doctor (get treatment)?

32. Do you see your doctor regularly, or only when you need him specially?

Subject visits doctor regularly ..... 0 ask (a)

Dr. visits subject regularly ..... 1 ask (a)

Only when needed specially ..... 2 ask (b)-(c) (d)

If seen regularly (0) (1)

(a) How often do you see him?

ONE CODE ONLY

More than once a week 3

Once a week 4

Every 2 or 3 weeks 5

Once a month/4 weeks 6

Other periods (specify) 7

If only when needed (2)

(b) How long ago was the last time you saw him (for yourself)?

(c) What was the trouble then?

(d) Did you go to his surgery, or did he come to see you?

Went to surgery 1

Sent for him 2

Doctors are very interested in heating of rooms—so I'd like to ask you about heating arrangements in the room you use most and also your bedroom

33 In which room do you spend most of the day (time when you're at home)?

ONE CODE ONLY

Living room	1
Bedsitter	2
Bedroom	3
Kitchen	4 ask (a)

If Kitchen (4)

(a) Why do you use the kitchen rather than your living room (bedsitter)?

O

34 How do you usually heat this (that) room?

CODE ALL THAT APPLY

Central heating	Y
Solid fuel fire/heater	X
Electric fire/heater	0
Gas heater	1
Electric floor warming	2
Oil heater	3
Other (specify)	4
	5 6 7 8 9

35 Do you feel warm enough in the room in winter?

Yes	1
No	2 ask (a)

If No (2)

(a) Why do you think this is?

O

36 Do you always sleep in the bedroom—or do you sometimes or always sleep in the living room?

D N A Bedsitter (one room only)	6
Always sleep in bedroom	7
Sometimes (always) in living room	8 ask (a)

If sometimes (always) in living room (8)

(a) Why is that?

O

37 *Do you use any heating in your bed room in cold weather?*

D N A Bedsitter	0
Yes	1
No	2

38 In which room do you generally undress when going to bed and dress in the morning?

	Dress	Undress
Living room/bedsitter	1	6
Bedroom	2	7
Bathroom	3	8
Kitchen	4	9
Other (specify)	5	0

39 Do you have any heat on so that it's warm when you're dressing and undressing?

ONE CODE ONLY

No heat dressing or undressing	1
Heat both dressing and undressing	2
Heat dressing only	3
Heat undressing only ..	4

40 Do you have and use an electric blanket?

ONE CODE ONLY

Have and uses	1
Have doesn't use	2 ask (a)
No electric blanket	3

If has, but doesn't use (2)

(a) Why don't you use it?

41 Do you use anything (else) to warm the bed?

CODE ALL THAT APPLY

No, nothing	1
Hot water bottle	2
Hot brick	3
Electric bed warmer ..	4
Spouse	5
Other (specify)	6

42 Do you generally feel nice and warm in bed or do you find sometimes you're too cold to sleep, or wake up cold or anything?

Generally warm in bed	1
Other comments (specify)	2

REHOUSED SAMPLE SCORE THROUGH NEXT PAGE, AND GO ON TO BLUE QN 49 page 9

ALL OTHERS—continue on to next page.

ALL EXCEPT REHOUSED—Introduce

Can you tell me something about the amenities you have here?

43. Do you have
(A) Electricity (mains supply)?

Yes ... 1

No ... 2 ask (a)

(B) Gas (mains supply)?

Yes ... 3

No ... 4 ask (a)

If No (2) or (4)

(a) What do you use

(i) For cooking?

Electricity ... 1

Gas ... 2

Solid fuel ... 3

Oil ... 4

Other (specify) ... 5

(ii) For lighting?

Electricity ... 6

Gas ... 7

Oil ... 8

Other (specify) ... 9

44. Do you have a kitchen (separate room for cooking, scullery). [Establish if necessary whether sole use or shared with other H/ds.]

D.N.A. Hotel, Home, etc ... X

ONE CODE ONLY

Sole use of kitchen ... 1

Shared kitchen ... 2

No kitchen ... 3 ask (a)

If no kitchen (3)

(a) Do you have any cooking facilities (able to boil at least one saucepan)?

Some cooking facilities ... 5

No cooking facilities ... 6

45. Do you have a fixed bath. [Establish if necessary whether sole use or shared with other h/ds.]

D.N.A. Hotel, institution, etc. ... X

ONE CODE ONLY

Sole use of fixed bath ... 1

Share fixed bath ... 2

No fixed bath ... 3

46. Do you have a piped water supply here (in this house/flat). [Establish if necessary whether sole use or shared with other household.]

D.N.A. Hotel, institution ... X

ONE CODE ONLY

Sole use of piped water supply ... 1

Shared piped water supply in dwelling ... 2

No piped water supply to dwelling ... 3

47. Do you have a w.c. (flush toilet). [Establish if necessary whether sole use or shared with other h/ds.]

D.N.A. Hotel, institution, etc. ... X

ONE CODE ONLY

Sole use of w.c. ... 1 } ask (a) (b)

Shares w.c. with other households ... 2 } ask (a) (b)

No w.c. ... 3

If has w.c. (1.2)

(a) Do you have to go outside the house to get to it?

	1st	2nd
Yes	1	1
No	2	2

[If more than one w.c. code 1st and 2nd.]

(b) In relation to the room in which you spend most time during the day, is it

RUNNING PROMPT

	1st	2nd
On same level	9	9
Upstairs	1	1
Downstairs	2	2

48. Taking into account the house itself the housekeeping arrangements, and everything else—are you satisfied with the way you are living?

REHOUSED—ON TO PAGE 9—BLUE

ALL EXCEPT REHOUSED—ON TO NEXT WHITE PAGE 13.

REHOUSED SAMPLE ONLY Ask Qns 49-72
ALL OTHER—GO ON TO QN 73

49 Whe e were you l ving before you got this (flat)?

50 How long had you been living there before com ng here?

ONE CODE ONLY

Less than 1 year	0
1 year but less than 3	1
3 years but less than 5	2
5 years but less than 7	3
7 years but less than 10	4
10 years but less than 15	5
15 years but less than 20	6
20 years but less than 30	7
30 years but less than 40	8
40 years or more	9

51 How far away was t from here? How long would t take you to get there f you wanted to go back (usual method)?

ONE CODE ONLY

Less than 5 minutes	Y	
5–10 m nutes	0	
11 15 minutes	1	
16–20 minutes	2	ask (a)
21 30 minutes	3	ask (a)
31–45 minutes	4	ask (a)
46–60 minutes	5	ask (a)
Over 1 hour (specify)	6	ask (a)

If more than 15 minutes away
(a) When you were first offered this place did you think of refusing it because you wanted to live nearer your old home?

Yes	1 ask (i) (ii)
No	2

If thought of refusing
(i) What made you change your mind and take it?

( ) Are you sa sfied now you are here or wou d you st l prefer to be nearer your old home?

Sat sfied now	Y go to Qn
Prefer to be nearer	X ask (A)

If prefer to be nearer (X)
(A) Why would you prefer to be nearer your old home?

52 When you lived there who lived with you?
[Note —What is required here is household immediately before moving —probe freely to establ sh catering criteria]

CODE ALL THAT APPLY (Code Y must stand on own)

Inst tution (hotel home etc.)	9
No-one—L ved alone	Y ask (a)
Spouse	X
Marr ed children	0
Unmarr ed son	1
Unmarried daughter	2
Grandchildren	3
Other relat ve 65 or over	4
Other relative under 65	5
Non relative 65 or over	6
None relat ve under 65	7

If l ved alone (Y) or spouse only (X only)
(a) D d you have any children or relatives who lived near you and came in to help?

No children/relat ves near	0
Near and helped	1 ask ()
Near and didn t help	2

If near and helped (1)
(i) Do they s ll l ve near enough to come and see you and help?

No too far	5
Yes, come and help	6
Yes, come no help	7

53. Did you want to move, or did you have to?

Wanted to move ....1 ask (a)

Had to move ....2 ask (b)

Both ....3 ask (a) & (b)

If wanted to move (1) (3)
(a) For what reason(s) did you want to move?

If had to move (2) (3)
(b) What were the reason(s) for your having to move?

54. For how long were you on the waiting list before being given this flat?

ONE CODE ONLY

Never on waiting list 9

Less than 3 months ....Y

3 months—less than 6 months X

6 months—less than 12 months 0

No. of years up to 5 ....

6–10 years 6

10 years or over (Specify) 7

Can you tell me something about the amenities you had where you lived before

55. Did you, where you lived before, have

(A) Electricity (mains supply) Yes 1
No 2

(B) Gas (mains supply) Yes 3
No 4

If No (2.4)

(a) What did you use

(i) For cooking? Electricity 1
Gas 2
Solid fuel 3
Oil 4
Other (specify) 5

(ii) For lighting? Electricity 6
Gas 7
Oil 8
Other (specify) 9

56. Did you have a kitchen [separate room for cooking, scullery; Establish if necessary whether sole use or shared with other households.]

ONE CODE ONLY

D.N.A.—Hotel, institution X

Sole use of kitchen 1

Shared kitchen 2

No kitchen ....3 ask (a)

If no kitchen (3)

(a) Did you have any cooking facilities (able to boil at least one saucepan)?

Some cooking facilities 5

No cooking facilities 6

57. Did you have a fixed bath [Establish if necessary whether sole use or shared with other households.]

ONE CODE ONLY

D.N.A.—Hotel, institution X

Sole use of fixed bath 1

Share fixed bath 2

No fixed bath 3

58. Did you have a piped water supply in that dwelling (house/flat). [Establish if necessary whether sole use or shared with other households.]

ONE CODE ONLY

D.N.A.—Hotel, institution 9

Sole use of piped water supply..........5

Shared piped water supply in dwelling 6

No piped water supply to dwelling 7

59 Did you have a w c (flush toilet)? [Establish if necessary whether sole use or shared with other households]

ONE CODE ONLY	D N A (Hotel/institution)	X	
	Sole use of w c	1	ask (a)
	Shared w c with other households	2	ask (a)
	No w c	3	

If had w c (1 2)
(a) Did you have to go outside the house to get to it?

		1st	2nd
	Yes	1	1
[If more than one w c code 1st and 2nd]	No	2	2

(b) In relation to the room in which you spent most time during the day was it

RUNNING PROMPT	On same level	9	9
	Upstairs	1	1
	Downstairs	2	2

60 When you were offered this (flat bungalow) were you shown over before you accepted the offer?

Yes	Y ask (a)
No	X ask (b) (c)

If yes (Y)
(a) Who took you and showed you over?

GO ON TO QN 61

If No (X)
(b) How long was it before you moved in that you saw over the ( )?

(c) Who went with you to see it? [Probe for anyone from Housing Dept]

61 Once you had accepted the (flat) how long was it before the tenancy started?

62 Was this long enough for you to make your arrangements, or would you have preferred a bit more time before you were expected to move in?

Long enough to make arrangements	Y
Would have liked more time	X ask (a) (b)

If wanted more time (X)
(a) How much longer would you have liked?

A few days less than 1 week	0
1 week—less than 2	1
2 weeks—less than 3	2
3 weeks—less than 4	3
4 weeks or a month	4
Longer than a month (Specify)	5

(b) Did you suggest to the Housing people that your tenancy be held up for a bit?

Yes	Y ask (i)
No	X

If suggested (Y)
(i) What happened?

63. Were you able to arrange to get things like electricity and gas laid on without any difficulty?

No difficulty ... ... Y

Some difficulty ... ... X ask (a) (b)

If some difficulty (X)
(a) What was the difficulty?

(b) Did anyone help you?

64. Did you know you could have access to the (flat) before your tenancy started so that you could measure up for curtains and carpets and see if your furniture would fit?

Yes ....Y

No ....X ask (a)

If didn't know could have access (X)
(a) How did you arrange about measuring and so on?

65. Did you have anybody to help with things like packing and unpacking, and settling the furniture, when you moved?

Yes ....Y ask (a)

No ....0 ask (b)

If Yes (Y)
(a) Who was it helped you?—Specify

....

If No (O)
(b) Did you have any difficulty or trouble over the actual move?

Yes ....1 ask (c)

No 2

If Yes (1)
(c) Could you have done with someone from the Council to have helped?

Yes 3

No 4

I'd like to ask about (other) services provided by the Council, or the Welfare before you moved here.

66. Were you having a home help before you moved here?

Yes 1

No 2

67. Again, before you moved here, did you have Meals-on-Wheels then?

Yes 3

No 4

68. Did you go to the foot clinic (have a welfare chiropodist) before you moved here?

Yes 5

No 6

69. Were you having visits from the Health Visitor before you moved?

Yes 7

No 8

70. Did you have any other Welfare services before you moved here?

Yes ....1 Specify

No 2

[Probe for district nurse]

If yes (1): Specify—

Qns. 71, 72 refer to present household; e.g., if a mother, now living on her own, lived previously as part of another household (her son's), the rest of the previous household should be regarded as a separate household.

71. No of rooms in previous dwelling...... —

[For exclusive use of old person h'd.]
[Exclude bathroom, scullery and kitchen unless it is big enough to eat in. If any rooms not used because house too big, etc., they should be included.]

72. Ownership of previous dwelling.

ONE CODE ONLY

Owner/occupier (subject or spouse) ..1

Leaseholder (paid gd. rent only)... ..2

L.A. or Council tenant 3

L.A. or Council (house) not tenant ..4

Rented, not Council 5

Boarder 6

Lived rent free 7

Other (specify) 8

REHOUSED SAMPLE—OMIT this page—ALL OTHERS—ASK questions on this page but for HOUSING WAITING LIST use Qns 73 74 and 75 as check questions (the informant may have now changed his/her mind about moving)—do not forget to ask 73(a) and 74(a) and (b).

ALL OTHER SAMPLES ask all questions

73 Would you like to move or stay here?

Like to move	1 ask (a) (b)
Stay here	2 go on to Qn 75

Those who would like to move (1)

(a) Why do you want to leave here?

(b) What sort of place would you like to move to?

74 Have you applied to the (this) Council for rehousing?

Yes	6 ask (a) (b)
No	7 ask (c) next col

If applied (6)

(a) How long ago was that?

		Y
	Less than 6 months	0
	6 months but less than 1 year	1
ONE CODE ONLY	1 year but less than 2 years	2
	2 years but less than 3 years	3
	3 years but less than 4 years	4
	4 years but less than 5 years	5
	5 years but less than 10 years	6
	10 years or more (specify)	

(b) What happened about your application?

If not applied (7)

(c) Why haven't you applied to the Council for rehousing?

(If reply is to effect that it would be useless—probe to get reasons for thinking this)

O

75 Would you take a (another) Council house if it were offered to you?

Yes	3
No	4 77 n

Councils can't always build in the centre or where they want to and sometimes have to build on the outskirts

76 If you were offered a place would you accept it wherever it was or would you refuse to go to some parts of the town?

Accept anywhere	1
Refuse some parts	2 ask (a

If would refuse (2)

(a) Would the distance away from here have anything to do with it or are there other things?

Distance	3 ask (i)
Other things (specify)	4

If distance (3)

(i) How far away would it have to be to make you refuse?

COMMENTS HERE

ASK ALL

RESIDENTIAL WAITING LIST—Use Qn. 77 as check.

77. Have you ever seriously thought of applying for a place in an Old People's Home?

Yes, seriously	1	ask (a) & (b)
Yes, but not seriously	2	ask (a) & (b)
No	3	

If Yes (1) (2)

(a) Why did you then think you would be better off there?

(b) Do you still feel that way?

Yes	1	
No	2	ask (i)
D.K.	3	ask (i)

If No (2) or D.K. (3)

(i) Why is that?

RESIDENTIAL WAITING LIST ONLY

78. Has an application been made for a place for you in an Old People's Home?

Yes	1	ask (a)
No	2	
D.K.	3	

If Yes (1)

(a) Whose idea was it that you apply? (Give relationship or position—not name.)

Check Qn. 77. If (a) not answered—ask

(b) Why do you (did they) think you would be better off in a home?

ASK ALL

79. Have you in the last 5 years applied to the Council or Welfare for (any sort of) help, and not been given it?

Yes	1	ask (a) (b)
No, incl. never applied	2	

If applied unsuccessfully (1)

(a) What did you apply for?

(b) Why do you think you didn't get help?

80. Have you in the last 10 years gone to a convalescent home through the Council, or to one of their homes for a short rest (or while the family was on holiday)?

Yes	1	ask (a)-(c)
No	2	ask (d) on next page

If has gone (1)

(a) How long ago was that?

(b) Why was this arrangement made?

(c) Would you go again if the opportunity arose?

If never been (2)

81 (d) Do you think it is a good idea to offer people a chance of going into one of the Homes just for a couple of weeks for a rest (or when the family go on holiday)?

82. Is there anything more that you think could be done to help people of retirement age? (65 or over)

83 Is there anything you think could or ought to be done which would help you (and the rest of the family)?

TURN BACK TO QNS 3-5

If a younger member of household (other than spouse) is responsible for most cooking/or shopping/or housework ask to see that member

Introduce—Your mother (father etc) tells me you do most of the

84 Is there anything you think the Council or Welfare could do to help you look after her here?

[If you see this person in another room or out of hearing of old person make sure you reassure old person that you only want to help to keep the family together]

[Note here if question put or answered]

While old person listened	1
Out of sight and earshot	2

TO ALL
CLASSIFICATION

85 Type of accommodation

	L.A Old People's flat with warden	Y
	L.A. Old People's flat, bed-sitter	X
	L.A Old People's flat one bed room	0
	Other flat in block	1
	Rooms in house	2 ask (a) (b)
ONE CODE ONLY	Self-contained flat in house	3
	Bungalow	4
	Whole house—2 or more floors	5
	Hotel/boarding lodging house	6
	Public inst./hospital	7
	Private nursing home	8
	Other (specify)	9

If part of house (2)

(a) How many other households live in house?

(b) Are any members of these other households related to subject—if so relationship

No relations	0
Relationship (specify)	

HOUSEHOLD COMPOSITION

86.

Relationship to Subject		Sex M	Sex F	Working F	Working P	Working N	Age
A	SUBJECT	1	2	3	4	5	
B		1	2	3	4	5	
C		1	2	3	4	5	
D		1	2	3	4	5	
E		1	2	3	4	5	
F		1	2	3	4	5	
G		1	2	3	4	5	

87. Marital status of subject
- Single 1
- Married 2
- Widowed, divorced, separated 3

88. Ownership of dwelling (subject or spouse)
- Owner occupier (subject or spouse) 1
- Leaseholder (paid gd. rent for duty only) 2
- L.A. or Council tenant 3
- L.A. or Council home, not tenant 4
- Rented, not Council 5
- Boarder 6
- Lived rent free 7
- Other (specify) 8

89. (a) No. of rooms for use of h'd ....

(b) No. of rooms for exclusive use of old person ....

[Exclude bathroom, scullery and kitchen unless it is big enough to eat in. If any rooms not used because home too big, etc., they should be included.]

If owner-occupier (Qn. 88, code 1 or 2) and no. of rooms for use of household (Qn. 89 a) exceeds no. of people in h'd, ask Qn. 90.

90. If you could find a suitable place costing less than you could get for this home, would you consider moving?
- Yes .... Y ask (a)
- No X

If Yes (Y)
(a) In these circumstances, would you move—

INDIVIDUAL PROMPT [Code only if yes.]
- (i) Within this district .... 1 }
- (ii) Outside this district, but in same town .... 2 } Go on to Qn. 91
- (iii) Out of this town but in surrounding nearby area .... 3 }
- (iv) Right away from this area .... 4 ask (b)

If right away (4)
(b) Where would you prefer to go?

91. Telephone:— (ONE CODE ONLY)
- Phone for use of h'd, can use 1
- Phone for use of h'd, cannot use 2
- No phone in h'd, but can use 3
- No phone in h'd, cannot use 4

92. How many years have you lived in (name town/R.D.) .... (years)

93. How long have you lived here?
(this address) .... (years)
(If less than 1 year, enter "0")

If less than 10 years
(a) Did you live round about here before that (say within 15 mins. normal means)?
- Yes 0
- No 1

94. INCOME OF SUBJECT—If living with Spouse joint income and code:—

Ring code for Source
- Single income .... Y
- Joint income X

SOURCE		per week
1. Wages/salary	£	....
2. Retirement/O.A.P.	....	....
3. National Assistance	....	....
4. Other Gvt. grants/pensions	....	....
5. Private/firm's pensions	....	....
6. Other income (specify)	....	....

If details for any source not given, try to get code sources. Whether or not sources obtained, if amount not given, show card to obtain total net income record:—

Total net income group ......

	a	b	c
Off: Use.			

95. Entry to dwelling
- Level from street .... Y
- Gentle slope from street X
- Steepish slope from street 0
- Steps/stairs (no lift) ....

ONE CODE ONLY (No. of steps)
- One only 1
- 2 or 3 2
- 4 to 8 (one flight) 3
- 2 flights 4
- 3 or more 5
- Lift from ground floor to entry 6
- Other (specify) 7

(i) Interviewer ____________

Authorisation No

(ii) Date of Interview ____________ 196

(iii) Time interview started ____________

(v) Order of interview or non-contact

(vi) Result of final call

Interview completed	1
Interview part completed	2
No interview	3

(vii) Person interviewed —

Subject (singly)	4
Subject (jointly)	5

If on more than one sample record both (all) Serial Nos ( )

Area	(a)	(b)	(c)	(d)	(e)	(f)

(vi) Serial No (s) (ii)

(BLOCK CAPS)

(x) Name of subject

Address

(x) If Non-contact or Refusal—Reason—giving as much detail as possible e g if seen appears active/walks with stick etc (If not seen state who gave reason or details

NO PROXIES can be taken Where subject is too confused or irrational or too ill to be interviewed (excluding temporary illness where an interview may be carried out at a *later date*) give details as non-contact

[INTRODUCE—To begin with I'd like to ask how you manage]

1 Are you usually able to get out and about all right (apart from bad weather)?

Yes	Y
No	X

2. Establish whether informant is —

BEDFAST permanently	1 ask (a) (b)
BEDFAST temporarily usually HOUSEBOUND	2 ask (a) (b)
BEDFAST temporarily usually GOES OUT	3 go on to 3
HOUSEBOUND permanently	4 ask (a) (b)
HOUSEBOUND temporarily usually GOES OUT	5 } go to 3
USUALLY GOES OUT	6 } go to 3

Temporarily covers any disability from which subject is expected to recover e g broken leg makes subject bedfast or at present housebound because of bad cold

Housebound includes those who normally only get as far as the front gate garden etc.

Goes out includes those who can only go out with a helper but where a helper is generally available

If bedfast permanently (1) ask

(a) What keeps you in bed?

If usually housebound (2 4) ask

(a i) What stops you going out?

(b) How long is it since you've been able to get up (go out)?

1 month or less	Y
Over 1 month —3 months	X
Over 3 months—6 months	0
Over 6 months—1 year	1
Over 1 year —2 years	2
Over 2 years —3 years	3
Over 3 years —4 years	4
Over 4 years —5 years	5
Over 5 years —10 years	6
Over 10 years	7
Vague/a long time D K	8

3. How long have you been at.............
.......................(this Home)?

Less than 6 months	X
6 months, but less than 1 year	0
1 year but less than 3 years	1
3 years but less than 5 years	2
5 years but less than 7 years	3
7 years but less than 10 years	4
10 years or over (Specify)	5

4. Do you like it here?

5. Is there anything you miss, living here that you had or did at home?

6. Just before you came to this Home, were you living in your own home, or house with friends or relatives?

ONE CODE ONLY

Lived at home/private house	1	on to Qn. 7
In hotel/boarding house	2	on to Qn. 7
In another County Home	3	ask (a)
In hospital	4	ask (a)
In private nursing home	5	ask (a)
Other institution (Specify)	6	ask (a)

If in institution (3–6)

(a) How long were you in (that other *Home, hospital, etc.*)?

(b) Where did you live before going into.............................?

Domiciliary residence	1	on to Qn. 7
In a boarding house/hotel	2	ask (c)
In another County Home	3	ask (c)
In hospital	4	ask (c)
In private nursing home	5	ask (c)
Other institution (Specify)	6	ask (c)

(c) How long ago was it since you've lived in a home of your own (or in a private house with relatives or friends)?

> Questions 7–30 refer to the last domiciliary residence (including hotel, etc.) before going into any Home/or hospital/nursing home.

7. When you lived (quote place/type Qn. 6), who lived with you?

CODE ALL THAT APPLY

[Code Y & 9 must stand on own]

Hotel/boarding house, etc.	9	
No-one, lived alone	Y	ask (a)
Spouse	X	ask (a) if applies
Married child(ren)	0	
Unmarried son(s)	1	
Unmarried daughter(s)	2	
Grandchildren	3	
Other relative 65 or over	4	
Other relative under 65	5	
Non-relative 65 or over	6	
Non relative under 65	7	

If lived alone (Y) or Spouse only (X) only

(a) Did you have any children or relatives who lived near you, and came in to help?

ONE CODE ONLY

No children/relatives near	0
Near and helped	1
Near, didn't help	2

8. How far away was your old home from here? How long would it take you to get there if you wanted to go back, or anyone from there wanted to come and see you? (usual method)

ONE CODE ONLY

Up to 10 minutes	0	
10–15 minutes	1	
16–20 minutes	2	ask (a)
21–30 minutes	3	ask (a)
31–45 minutes	4	ask (a)
46–60 minutes	5	ask (a)
Over 1 hour (Specify)	6	ask (a)

....

If more than 15 minutes away (2–6)

(a) Is this distance all right for you or would you prefer to be nearer your old home?

Distance all right	Y	
Prefer to be nearer	X	ask (i)

If prefer to be nearer (X)

(i) Why would you prefer to be nearer your old home?

9. How long had you lived in......... ..... (sample town) before coming into a Home?
[Complete years
Months only if under 1 year].........yrs.

I d like to ask something about the sort of house you lived in before

[Remind informant if necessary that we want details of residence immediately before they went to any Home hospital, public instr tution]

10 Type of accommodation—[Establish]

	L.A. Old people s flat with warden	Y
	L.A. Old people s flat (bedsitter)	X
	L.A. Old people s flat (1 bedroom)	0
	Other flat in block	1
ONE CODE ONLY	Rooms in house ..	2 code(a)(b)
	Self-contained flat in house	3
	Bungalow ..	4
	Whole house (2 or more floors)	5
	Hotel/boarding-lodging house	6
	Other (specify) ..	9

If part of house (2)
(a) How many other households (ex plain) lived in the house? —

b) Were any members of these other households related to you, if so, in what way?

No relations	0
Relationship (specify)	Y

11, Ownership of previous dwelling (subject or Spouse)

	Owner/Occupier ..	1
	Leaseholder (paid gd. rent only)	2
	L.A or Council tenant	3
ONE CODE ONLY	L.A. or Council not tenant.	4
	Rented not Council	5
	Boarder/Guest	6
	Lived rent free .. –	7
	Other (specify) .	8

No of rooms for use of household

No of rooms for use of old person h/d. (exclusive use)

[...de bathroom scullery, and ...n unless it is b g enough to eat ... any rooms not used because ... too b g etc., they should be ...d]

13 Did you have
(A) Electricity (mains supply)?

Yes	
No	

(B) Gas (mains supply)?

Yes	
No	4

If No (2) (4)
(a) What did you use

(i) For cooking?	Electricity	1
	Gas	2
	Solid fuel	3
	Oil	4
	Other (specify)	5
(ii) For lighting?	Electricity	6
	Gas	7
	Oil	8
	Other (specify)	9

14 Did you have a kitchen [separate room for cooking scullery]? Establish if necessary whether sole use or shared with other h/ds

	D N A (Hotel/boarding hse etc.)	X
ONE CODE ONLY	Sole use of kitchen	1
	Shared kitchen	2
	No kitchen	3 ask (a)

If no kitchen (3)
(a) Did you have any cooking facilities (able to boil at least one saucepan)?

Some cooking facilities	5
No cooking facilities	6

15 D d you have a fixed bath? [Establish if necessary whether sole use or shared with other h/ds]

	D N A. (Hotel, etc.)	X
ONE CODE ONLY	Sole use of fixed bath	1
	Shared fixed bath	2
	No fixed bath ..	.3

16 Did you have a piped water supply there? [Establish if sole use or shared with other households]

	Sole use of piped water supply	1
ONE CODE ONLY	Shared piped water supply in dwelling	2
	No piped water supply to dwelling	3

17. Did you have a w.c. (flush toilet)? [Establish if necessary whether sole use or shared with other households.]

D.N.A. Hotel, etc. ..X

ONE CODE ONLY

Sole use of w.c. ..1 } ask (a) and (b)
Shared w.c. with other households ..2 }

No w.c. ..3

If had w.c. (1,2)
(a) Did you have to go outside the house to get to it?

	1st	2nd
Yes	..1	1
No	..2	2

[If more than one w.c. code 1st and 2nd]

(b) In relation to the room in which you spent most time during the day, was it

RUNNING PROMPT

On same level	..9	9
Upstairs	..1	1
Downstairs	..2	2

[Remind informant, if necessary, we want information about conditions before going into any Home/public institution.]

I'd like to ask about services provided by the Council, or the Welfare, just before you moved to a Home.

18. Did you have a Home Help (before you moved here)?

Yes ..1

No ..2

19. Did you have Meals-on-Wheels then?

Yes ..3

No ..4

20. Did you go to the Foot Clinic or have a Welfare Chiropodist (before you moved here)?

Yes ..5

No ..6

21. Was the District Nurse calling (fairly regularly) then?

Yes ..Y

No ..X

22. Was the Health Visitor calling (fairly regularly) when you lived at home?

Yes ..7

No ..8

23. Did you have any other Welfare Services when you lived at home?

Yes ..1 specify

No ..2

If yes (1): Specify

24. Did you see your doctor regularly, or only when you needed him specially?

Subject visited doctor regularly ..0 } ask (a)
Dr. visited subject regularly ..1 }

Only when needed specially ..2

If seen regularly (0) (1)
(a) How often did you see him?

More than once a week ..3

Once a week ..4

Every 2 or 3 weeks ..5

Once a month/4 weeks ..6

Other periods (specify) ..7

25. Before you moved in here, were you usually able to get about all right (apart from bad weather)?

26. Establish whether informant was

BEDFAST, permanently ..1 ask (ai)

BEDFAST, temporarily, usually HOUSEBOUND ..2 ask (aii)

BEDFAST temporarily, usually WENT OUT ..3 on to Qn.27

HOUSEBOUND, permanently ..4 ask (aii)

HOUSEBOUND temporarily, usually WENT OUT ..5 } go to Qn. 27

USUALLY WENT OUT ..6 }

Temporarily covers any disability from which subject was expected to recover, e.g. broken leg made subject bedfast, or was then housebound because of bad cold.

Housebound includes those who normally only got as far as the front gate, garden, etc.

Went out includes those who could only go out with a helper, but where a helper was generally available.

If was bedfast permanently (1) or usually housebound (2, 4)
ask (ai) What kept you in bed then?
or (aii) What stopped your going out then?

Before you came in here how d d you manage about housekeep ng arrangements?

27 Who usually prepared and cooked most of your meals?

	Self	Y ask (a)
	Spouse	X
	Joint self spouse	0 ask (a)
	Ch'ld (n law) in household	1
	Child (n law) outside household	2 ask (b)
ONE CODE ONLY	Other relative in household	3
	Other relative outs de household	4 ask (b)
	Other person in household	5
	Friend or ne ghbour outside h/d	6 ask (b)
	Meals-on Wheels/home helps, etc	7 ask (b)
	Private domestic help	8
	Eat most meals out	9

If cooked and prepared own meals (Y) or joint (0)

(a) Were you able to get at least one cooked meal a day without d ffi culty?

Yes	1
No	2 ask (i)

If some difficulty (2)

(i) What was the difficulty?

GO ON TO QN 28

If meals prepared by others outs de h d—(2, 4 6 7)

(b) Were you always able to get at least one good cooked meal a day?

Yes	4
No not wanted	5
No	6
Other answer (specify)	7

28 Who usually did most of the shopping?

	Subject himself (herself)	Y
	Spouse	X
	Joint self/spouse	0 a
ONE CODE ONLY	Child (in law) in household	1
	Child (in law) outside household	2 as
	Other relative in household	3
	Other relative outside household	4 ask
	Other person in household	5
	Friend or neighbour outside h/d	6 ask (
	Home Help/welfare worker	7 ask (
	Private domestic help	8
	Other person outside household (specify)	9 ask (b)

If did own shopping (Y) or joint (0)

(a) Were you able to do your shopping without much difficulty?

Yes	1
No	2 ask (i) (ii)

If some difficulty (2)

(i) What was the difficulty?

CODE ALL THAT APPLY	Couldn t carry (heavy) shopping	1
	Couldn t walk too far (to shops) etc	2
	Shops too far away/transport diff	3
	Other (specify)	4

5 6
7 8 9
Y X 0

(ii) How did you manage?

GO ON TO QN 29

If shopping done by others outside h/d —(2, 4 6 7, 9)

(b) Did this work out all right?

29. Who usually did most of the housework?

ONE CODE ONLY

Self	..Y ask (a)
Spouse	..X
Joint self/spouse	..0 ask (a)
Child (in-law) in household	..1
Child (in-law) outside household	..2 ask (b)
Other relative in household	..3
Other relative outside household	.. 4 ask (b)
Other person in household	..5
Friend or neighbour outside h/d	..6 ask (b)
Home Help	..7 ask (b)
Private domestic help	.. 8
Other person outside household (specify)	..9 ask (b)

If did own housework (Y) or joint (0)

(a) Were you able to do your own housework without difficulty?

Yes	..1
No	..2 ask (i) (ii)

If No (2)

(i) What sort of things did you have difficulty with?

NO PROMPT

CODE ALL THAT APPLY

Jobs involving bending/kneeling/stretching	..Y
Heavy jobs (carrying coals/turning mattresses, etc.)	.. X
Laundry, ironing	..0
Window cleaning	..1
Others (specify)	..2

(ii) How did you manage to do them?

GO ON TO QN. 30

If done by others outside h/d

(b) Was this satisfactory, or would you have liked more help?

Satisfactory	..1
Liked more help	..2

30. When you lived at home, did you usually have any difficulty

	Yes	No
(i) Going out of doors on your own?	.. Y	X
(ii) Going up and down stairs on your own?	.. 0	1
(iii) Getting about the house on your own?	.. 2	3
(iv) Getting in and out of bed on your own?	.. 4	5
(v) Washing yourself?	.. 6	7
(vi) Bathing?	.. 8	9
(vii) Dressing yourself?	.. 1	2
(viii) Cutting your own toenails?	.. 3	4

31. What about now?
Do you now usually have difficulty

	Yes	No
(ix) Going out of doors on your own?	.. Y	X
(x) Going up and down stairs on your own?	.. 0	1
(xi) Getting about the house on your own?	.. 2	3
(xii) Getting in and out of bed on your own?	.. 4	5
(xiii) Washing yourself?	.. 6	7
(xiv) Bathing?	.. 8	9
(xv) Dressing yourself?	.. 1	2
(xvi) Cutting your own toenails?	.. 3	4

Now—about coming to (name place)

32. Whose idea was it that you should come and live here?

33 And what did you feel about it? Did you want to become a resident? (Verbatim and code)

Yes — 1 ask (a)
No — 2 ask (b)

If wanted to become resident (1)
(a) Why did you think this would be best?

If didn't want to come (2)
(b) What were the reason(s) for your becoming a resident?

34 How long did you have to wait to come here before you got a place?
yrs mths.

35 When you first came was it for a trial period, so that if you didn't like it you could return home?

Yes — Y
No — X

COMMENTS

36 Before you actually came here to live did you come and see over (this home)?

Yes — 1 ask (a)
No — 2 ask (b)

If yes (1)
(a) Who suggested you should come and see it?

GO ON TO QN 37

If No (2)
(b) Were you told anything about what to expect when you came here?

Yes — 3 ask (i) (ii)
No — 4

If yes (3)
(i) What sort of things were you told about?

(ii) Do you think knowing what to expect helped you to settle more easily? (record comments)

37. Now you are living here do you think it's best for you to stay, or do you really think it would be better if you could have a home of your own?

Best to stay	1 reassure*
Want home of own	.2 ask (a) to (f)

*Reassure those wanting to stay that there is no question of their going—we just want to know they are satisfied.—GO ON TO QN. 38

If wants home of own (2)
(a) What are your reasons for this?

NOTE: Make sure informant understands that this does not mean they will be moved.

(b) If you were offered a place of your own, do you have enough of your own furniture to furnish, could you get enough, or would you need help to furnish?

Have enough furniture	.1
Could get it	.2
Need help to furnish	.3

(c) Do you think you could manage the housework, cooking and shopping if you set up house again for yourself?

Yes	.1
No	.2

(d) If you did set up home would you need the meals-on-wheels so you wouldn't have to cook every day?

Yes	.Y
No	.0

(e) Would you need a home help?

Yes	.Y
No	.0

(f) Are there any other things you would need help with if you lived on your own again? If so, what? (Specify)

Repeat again that asking these questions does not mean informant will be moved

38. Age, sex and marital status of subject

	AGE	SEX		MARITAL STATUS		
SUBJECT		M. 1	F. 2	M. 3	S. 4	W. 5

39. Finally, can I ask you something about your financial position?

(a) INCOME OF SUBJECT—If living with spouse give joint income and code —

Ring code for Source

Single income ......Y
Joint income.........X

SOURCE	Net Per Week	
2. Retirement O.A.P. ....£	______	______s.
3 National Assistance	______	______
4 Other Govt. grants pensions	______	______
5. Private firm's pensions	______	______
6. Other income (specify)	______	______

If details for any source not given, try to get code for sources; whether or not sources obtained, if amounts not given, show card to obtain total net income and record:—
Total net income group ....______

	a	b	c
OFF. USE			

40. Talk to old person for about 5 minutes before leaving

DR. ..

S.S.366 SOCIAL WELFARE FOR THE ELDERLY

A. Hospitals

1 Have you, or your partners, had more than usual *difficulty* in the last 12 months in obtaining admissions to hospital for any patient aged 65 or over?

Yes	1—ask (a) (b)
No	2—on to Qn 2

If Yes, some difficulty

(a) About how many cases have there been in the last 12 months?

(b) What were the difficulties? Were they administrative or clinical—e g did you have difficulty in getting hospital admission for elderly patients with chronic illness?

2. Have you any elderly patients (aged 65 or over) not in hospital whom you think *should* be in hospital?

Yes	1
No	2

If Yes

(a) About how many?

(b) Why do you think they should be in hospital?

CODE	Inability of relatives to cope	1
ALL	Bad housing/social conditions	2
THAT	Need medical care ..	3
APPLY	Need nursing care	4
	Other reasons (specify)	5

(c) Are any of these on a waiting list for hospital admission? If so, how many?

None	0
Number	

3 Do you think the *provision* of hospital beds is sufficient to meet the needs of your elderly patients (aged 65 or over)?

Yes	1—on to Qn. 4
No	2—ask (a)

If No, not sufficient

(a) What extra provision do you think is necessary?

4 Have you, in the last 12 months sent any patients to hosp (a) who could have been nursed at home if full domiciliary services had been available?

Yes	1—ask (a)
No	2

If Yes

(a) What services were needed which could not be supplied?

B. Residential Accommodation (Part III)

5 Have you any elderly patients (aged 65 or over) whom you think should be in Part III accommodation?

Yes	1—ask (a)
No	2—go on to Qn. 6

If Yes

(a) Is this because the patient *refuses to go*, or there was difficulty in gaining admission?

Patient refuses to go ..	1—ask (d)
Admission difficulty	2—ask (b) (c)

(b) Have you recommended any to the Welfare Officer, or supported applications for accommodation for any of them (in the last 12 months) which have not been accepted? If so—how many?

None	0
Number of rejections	

(c) Why was admission refused?

If patient refuses to go

(d) Are there any difficulties specially related to Local Authority or County Homes which might make the patient refuse—e g might have to leave the area—Home might be too far away for visits from children?

No special reasons	0
(Specify reasons)	

Short stay homes

6 Do you think any of your elderly patients—or relatives who are looking after them—would benefit if the elderly patients were able to go to a Home for a short stay?

Yes	Y—ask (a)
No	X—on to Qn.7

If Yes

(a) Would any of your elderly patients agree to accept such an arrangement—if so, can you estimate how many?

None	0
Estimated no who would accept ..	

7 Have you ever tried and succeeded in arranging such a short stay for any of your elderly patients?

Not tried	1
Tried and succeeded ..	2—ask (a)
Tried and sometimes not succeeded ..	3—ask (a) if applic. and(b)

If tried successfully

(a) In the last 12 months how many short-stay visits have been arranged or sponsored by you (or your partners)?

None in last 12 months	0
Number	

If sometimes not succeeded

(b) Why do you think the Authorities did not make place(s) available?

Convalescent or recuperative holidays

8. Have you tried, in the last 12 months to arrange a convalescent or recuperative holiday for any of your patients aged 65 or over, and not been successful?

Not tried............... 0

Tried and succeeded............ 1

Tried, sometimes unsuccessfully.................. 2—ask (a)

If tried unsuccessfully

(a) Why do you think places were not available?

C. Housing

9. In what circumstances (housing, social or medical) would you recommend or support an application for rehousing elderly people (65 or over)?

10. Do you at present have any patients 65 or over who would benefit from being rehoused in L.A. purpose built old people's dwellings or Flatlets with warden care?

Yes........... 1—ask (a) (b)

No 2

If Yes

(a) How many in (i) Flatlets with warden care?....

(i) Single persons ....

(ii) Double units ....

(ii) Other L.A. purpose built dwellings ....

(i) Single persons ....

(ii) Double units ....

(b) Have you recommended or supported any application from an elderly person in the last 12 months, where the applicant has not yet been rehoused?

Yes........... 1—ask (a)

No 2

If Yes

(a) Do you know why no action has been taken?

11. Is there anything you can suggest as regards housing which would benefit people aged 65 or over?

D. Domiciliary and Supportive Services

I. Home Helps

12. Do you have any elderly patients at present who would benefit from the services of a home help, but cannot get one?

Yes........... 3—ask (a) (b)

No 4

If Yes

(a) About how many such patients at present?

(b) Why cannot they get a home help?

13. Are there any elderly patients on your list who have a home help, but in your opinion need her for

(a) more hours per visit? Yes........... 1

No 2

(b) more days per week? Yes........... 4

No 5

14. Have you any elderly patients who will not have a home help, or not have her as often as you think is necessary, because they cannot afford the charges?

Yes........... 1—ask (a)

No 2

If Yes

(a) Can you estimate how many at present?

————

15. Have any of your elderly patients had a home help taken away suddenly, without replacement? If so, how many in last 12 months?

None............... 0

Number in last 12 months...............————

16. Is there anything you can suggest that would make the home help service more effective in helping people aged 65 or over?

II. Meals-on-Wheels

17. Are there any of your elderly patients who would in your opinion benefit from having meals-on-wheels delivered, but are not having them?

Yes........... 1—ask (a) (b)

No 2

If Yes

(a) About how many at the present time?

————

(b) Why are they not getting them?

18. Are there any elderly patients on your list at present who get meals-on-wheels, but need them for more days a week?

Yes........... 5—ask (a) (b)

No 6

If Yes

(a) About how many elderly patients?————

(b) How many days a week do you think meals should be made available? ————

19. Is there anything you can suggest that would make the meals-on-wheels service more effective in helping elderly patients?

III. Health Visitors

20. In some areas, Health Visitors are attached to the G.Ps. Is this the practice in this area?

Yes........... 1—ask (a)

No .... 2—ask (b)

If Yes (1)

(a) In your opinion, has this attachment been of benefit to your elderly patients? If so, in what way?

If No (2)

(b) Do you think such an attachment would be of benefit to your elderly patients?

Yes........... 8

No 9

ASK ALL

21. Is the Health Visitor service adequate in this area?

Yes........... 1

No 2

22. Is there anything you can suggest which would make the Health Visitor service more effective in helping people of 65 and over?

IV Chiropody

23. Are there any of your elderly patients who are not receiving treatment but would, in your opinion, benefit from a chiropody service?

Yes 1—ask (a)

No 2

If Yes

(a) Why are they not getting treatment?

24. Is there anything you can suggest that would make the chiropody service more effective in helping people 65 or over?

V Nursing Service

25. Do you think the District Nursing Service is adequate?

Yes 1

No 2

26. Do you find it difficult to get a nurse in every day for elderly patients with

(a) acute illnesses? Yes 4

No 5

(b) chronic illnesses? Yes 6

No 7

27. In some areas a bathing service (operated by enrolled nurses) is given. Does this happen in this area?

Yes Y

No X—ask (a)

If No

(a) Do you think the introduction of such a service would help elderly patients by relieving the District Nurse?

28. Is there anything you can suggest which would make the Nursing Service more effective in helping people 65 and over?

E. *Other Services*

29. Are there any other services provided by either the Local or County Authorities for people aged 65 or over which you find benefit any of your patients? If so, what are they?

30. Are there any other services which you think ought to be provided by either the Local or County Authorities which would benefit people aged 65 and over? If so—what?

There are some ill elderly people who are refused admission to hospital on the grounds that there is no treatment for their illness, and to Homes on the grounds that they cannot look after themselves sufficiently well to meet the Homes' requirements.

31. Have you any such patients? If so, about how many?

None .. 0

Number at present

32. What should be done to help such patients?

33. Can you make any other suggestions which might lead to improved health and welfare facilities for people aged 65 and over in this area?

21. How often during the past 3 months have you discontinued the service

(i) at the doctor's request——————

(ii) at the applicant's request—————— if any—ask Qn. 22/23

(iii) as a result of your review—————— if any—ask Qn. 23

22. What reason did applicant(s) give for discontinuing service?

23. Was the applicant's doctor informed the service was being discontinued?

24. Do you ever have to discontinue service, or cut down the number of hours, of home helps to old people because of other demands, e.g., maternity or hospital discharge patients?

Discontinue service 1

Cut down hours 2

Service always adequate 3

25. Is it your policy to try to keep the same home help going to applicants, or do you think that a change of home help from time to time is better?

Keep same home help............................ ...1 } ask (a)

Change home helps............................ ...2 } ask (a)

(a) Why do you think this policy is better?

Staffing of Service

26. Are there any factors which limit your recruiting as many home helps as you think are necessary at the present time? If so, what are they?

27. Do you have any difficulty in recruiting home helps at the present time?

28. If you could get more home helps, do you think your present applicants would benefit from more hours per visit, or visits on more days?

29. Do you think you have enough staff (administrative and investigating) satisfactorily to cope with running the Service? If not, what additional staff would be useful, and what prevents your getting them now?

30. If you had an unlimited supply of home helps, would you change or relax conditions under which home helps are at present allocated? If so, what changes would you make?

31. Are there any other comments you would like to make about the Service, or any points not covered by this questionnaire?

HOUSING FOR OLDER PEOPLE

1 Do you have a waiting list for accommodation? Yes 1—ask (a)

No 2—go on to (ii)

If Yes (1)
(a) Is the list still open? Yes 3—go on to (b)

No 4—go on to (i)

If list not still open (4)—or no list (2)
(i) Does this mean you are able to satisfy all demands for public housing? Yes 5—go on to Qn 2

No 6—go on to (ii)

If No (6)
(ii) Why is list closed?

(iii) How long has it been closed?

(iv) How long do you think it will be before it is re-opened?

(b) Do you keep a special waiting list for old people? Yes 1

No 2

(c) How many extra dwellings would be needed to accommodate all the old people at present on the waiting list? ________

(d) Do you think there are old people who are badly housed who are not on waiting list? Yes 3—ask (i)

No 4—go on to Qn 2

If Yes (3)
(i) Can you give some estimate of the number of dwellings needed for these people?

2. How many L.A. old people's dwellings are there (excluding any 'warden-supervised' dwellings)

No. of bedsitters	
No. of one-bedroom	
Others	

3 Are all these occupied by at least one older person (aged 60 or over) Yes 7

No 8

4 What is the total number of older people in L.A. old people's dwellings?

5 Is there any provision of 'sheltered' housing (i.e. accommodation with warden attendance) Yes 1

No 2—go on to Qn 6

If there is sheltered housing
(a) How many different schemes

(b) For each scheme	No 1	No 2	No 3	No 4
(i) How many dwelling units				
(ii) No. of older people housed				
(iii) Does each household have				
Own kitchen				
Own bathroom				
Own w.c.				
(iv) Are any of the following amenities provided				
Central heating				
Hot water supply (central)				
Communal dining room				
Communal sitting room				
T.V. room				
(v) Are there any other facilities or amenities provided not covered?				

6. Apart from slum clearance or redevelopment schemes, in what circumstances would you AT PRESENT rehouse older people in
(a) warden-supervised dwellings?

(b) ordinary or old people dwellings?

7. In the past 12 months,
How many older people have been rehoused or housed in old people accommodation due to slum clearance or other schemes involving compulsory purchase?

8. In the past 12 months,
How many older people have been rehoused or housed for other reasons? (including warden-supervised dwellings)

If any rehoused
(a) What were the reasons?

9. Is it the Council's policy to try to get elderly tenants of their property to move to smaller accommodation units when the family size decreases?... Yes 1

No .... 2—go on to Qn. 10

If Yes (1)
(a) Does the Council stipulate such movement, or do they try to get agreement without applying pressure?

Stipulate movement 1

Try to get agreement 2

(b) Do elderly tenants themselves ask to be moved to smaller units ... Yes 3

No 4

(c) In the past 12 months,
How many elderly council tenants have been moved to smaller accommodation
At their own request ....

As a result of L.A. suggestion ....

10. If you were to receive a request from the Admitting Officer to Part III, or a Hospital social worker or geriatrician, saying a patient could be sent home if accommodation could be found, how long would it be before suitable accommodation could be found?

11. Have you ever had such a request? If so, when was the last request, and what happened?

12. Have the Council any plans for increasing old people's accommodation in the near future? .... Yes 1

No 2

If Yes (1)
(a) What provision has been planned, and when will it be ready for occupation?

	No. of units	No. of old people covered	When ready
(i) Warden-supervised dwellings			
(ii) Bedsitters			
(iii) One-bedroom flats			
(iv) Other types (please describe)			

(b) Do you think this will meet all known need, or will there still be an unsatisfied demand for older people's rehousing?

13. If resources were not limited, in what circumstances would you consider an older person needed rehousing?

14. Are there any restrictions on admission to waiting lists. If so, what restrictions?

15. Have you, in the last 12 months, rehoused people from Part III accommodation? If so, how many?

SS.366 SOCIAL WELFARE FOR THE ELDERLY

RESIDENTIAL HOMES (Part III Accommodation)

1 (a) How many Residential Homes for old people does the County have, and how many places are there in each?

(b) Could you tell me how many of the old people in each Home come *from (sample town)*?

Name and address of Home	Total No places	No. old people from (sample town)

2. How many old people were admitted from (sample town) last year (1965) ________

And in 1964 ________

3 Apart from the County Homes are there any (sample town) residents in Voluntary Homes for whom the County is making a grant?

IF YES (a) Name and Address of Homes No of residents from (sample town)

(b) Are you able to apply to any of the Voluntary Homes for people to go in? IF YES—Specify

4 Do you have a waiting list for Part III accommodation?

IF YES (a) How many are there on the list from (sample town)? ________

(b) Does this include old people in hospital who are awaiting admission to a Home? IF YES (i) How many are there?

(ii) Are they allocated places on the same basis as others on the waiting list, or is an exchange system effected?

IF NO (iii) How do you deal with applications from hospitals to admit patients into Part III accommodation?

5 Who usually refers people to you for admission to Part III accommodation? IF NOT G.P Do you always ask for a medical certificate?

6 Do you follow up all referrals with a home visit? IF YES—Who visits?

7 On what grounds do you consider a person suitable, or unsuitable for admission?

8 Is there any regular review of the waiting list?

9 *Is there any difference between the types of people allocated to the different Homes?* IF YES Probe to find out why Possible differences in design and staffing of Homes, etc.

10 Can the old people go into a Home for a trial period, if they wish, before deciding on whether or not to become a permanent resident? IF YES (a) Is this the usual practice?

(b) Does anyone ever decide against staying after the trial period?

11 On admission can the old people remain registered with their own G P if they wish to? IF NO What arrangements are made for them by the Home then?

12. Are there any short term stays arranged to give old people a break themselves, or to relieve relatives?

IF YES (a) How many were there last year (1965)?

(b) On an average how long does each person stay?

13 Do residents ever leave because they are considered fit enough to manage again on their own?

IF YES Number and examples.

14 Do you think that if suitable housing was available, plus the necessary domiciliary services, there are any residents who are fit enough to live on their own?

IF YES Has an approach ever been made to the Housing Dept. to rehouse an old person from Part III accommodation?

IF YES Specify

IF NO Why not?

What about residents no longer considered fit for Part III accommodation? Do you experience any difficult in getting them admitted to hospital?

16. Future plans for Part III accommodation.

(a) Any new Homes being built?

(b) Modification to existing Homes?

We are also interested in any grants paid by the County to the housing authorities for warden-supervis housing for old people.

17. Does this County operate any such scheme?
IF YES (a) How much is the grant?

(b) On what conditions is the grant paid? (Probe for design feature requirements, age of tenant, et

(c) Does the County vet all the tenants?

(d) Does (sample town) have any warden-supervised accommodation?

IF NO (e) Why not?

18. Do you think warden-supervised accommodation helps to relieve the pressure on Part III accommodation?

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